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देश के विभिन्न स्थानों में विश्व आयुर्वेद परिषद् की गतिविधियाँ





Vishwa Ayurved Parishad

Vishwa Ayurved Parishad (VAP) was established in the year 1997, to reinstate the glory of Ayurveda in the present era and to facilitate the acceptance and recognition for Ayurveda. It is in a relentless effort to provide a credible platform to the scholars & followers of Ayurveda, which can potentiate its authenticity to wider audiences.

VAP is happy to announce its upcoming event – **Samyojanam 2018**, (International Ayurveda Youth Conclave - IAYC), in association with Faculty of Ayurveda, IMS, BHU- with an intention to connect the youth of all disciplines of this science across the globe to provide a common platform to flourish their innovative thoughts in various fields of healthcare.

This mega event is scheduled to be organized from 16th to 18th November 2018. The estimated participants are approximately 2500 from every nook and corner of the country & abroad.

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Faculty of Ayurveda is the oldest premier Institution of Ayurveda. It imparts quality education and research for Ayurveda Scholars. It is known for its significant scientific contribution for the upliftment of Ayurveda.



Objectives of Samyojanam

1. To provide a platform for the youth of Ayurveda to show their talent and hidden potentials with different kind of fun & learning experience.
2. To explore the ancient wisdom, culture and knowledge.
3. To develop a scientific temperament for its application for the welfare of mankind.
4. To make Ayurveda competent by developing a suitable network of medical and allied disciplines



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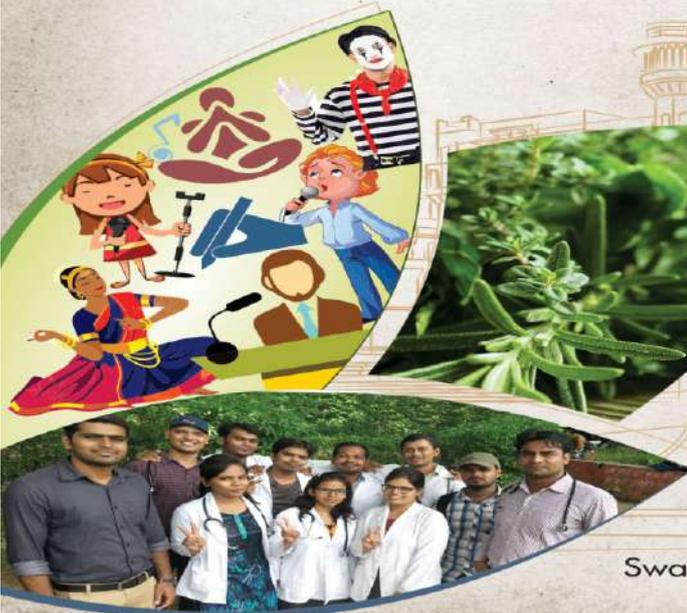
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सितम्बर, 2018

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सम्पादक मण्डल के सभी सदस्य मानद एवं अवैतनिक हैं। पत्रिका के लेखों में व्यक्ति विचार लेखकों के हैं। सम्पादक एवं प्रकाशक का उससे सहमत होना आवश्यक नहीं है। आपके सुझावों का सदैव स्वागत है।

Contents

1-	EDITORIAL	2
2-	A REVIEW ON THERAPEUTIC EFFICACY OF HINGU (OLEO GUM RESIN OF FERULA ASAFOETIDA L.) -Ashish Kumar Tripathi, Sushma Rawat, Khemchand Sharma	3
3-	TO EVALUATE THE COMBINED EFFECT OF TRIPHALA ASHCHYOTANA & PATOLADI SEKA IN NETRA-ABHISHYANDA (BACTERIAL CONJUNCTIVITIS) - Upendra Nath, Renu Rao, Gunjan Sharma, Aditi, Anchal Pathak	15
4-	ROLE OF DARVI SEKA ON PRAKLINNAVARTMA W.S.R. TO ANTERIOR BLEPHARITIS- A CLINICAL STUDY - Kanchan Chauhan, Renu Rao, Gunjan Sharma, Priyanka, Anjali	20
5-	PRACTICAL APPROACH OF EXTERNAL PANCHKARMA PROCEDURES AT OPD LEVEL - Akshaya G. Patil, Pankaj Tathed, Pooja Shetty	25
6-	EXPLORING OBESITY THROUGH AYURVEDA W.S.R TO STHO LYA : A LITERARY REVIEW - Sakshi, Kavita Sharma	31
7-	A CONCEPTUAL STUDY OF AYURVEDIYA DHUMAPANA VIDHI - Divya Gupta, Sarvesh Kumar Agrawal, Kamlesh Kumar Sharma	38
8-	SHEETPITTA (URTICARIA) IN AYURVEDA - Wasim Khan, Praveen Kumar Mishra	43
9-	समाचार	47



अतिथि समापादक

आयुर्वेद अनुसंधान एवं सार्वभौमता

न दानैर्न तपोभिश्च न स्वाध्यायैः न चेष्टिभिः ।
अनुसन्धानतः पुंसां यथा आत्मा पुरितुष्यति ॥

—वृहत् ब्रह्म संहिता



प्रत्येक विज्ञान का प्रवाह एवं ग्राह्यता उसके वैज्ञानिक स्वरूप पर निर्भर करती है। वैज्ञानिक स्वरूप का सही मापदण्ड अनुसन्धान परम्परा का प्रवाह निर्धारित करता है। सही अर्थ में वैज्ञानिकता की प्रामाणिकता अनुसन्धान पर आश्रित है।

जिस प्रकार से योग के परिणामों को विश्वस्तर पर देखते हुए “विश्व योग दिवस” मनाना प्रारम्भ हुआ है, उसी प्रकार से सम्पूर्ण आयुर्वेद जगत नवीन अनुसंधानों के माध्यम से यदि आयुर्वेद को विश्व के मानचित्र पर लोकप्रिय बनाने में सफल रहता है तो वह दिन दूर नहीं जब सम्पूर्ण विश्व में आयुर्वेद का ग्राह्यात्म प्रचलन प्रारम्भ होगा, तब निश्चित रूप से “विश्व योग दिवस” की तर्ज पर “विश्व आयुर्वेद दिवस” का प्रचलन प्रारम्भ हो सकेगा।

आयुर्वेद चिकित्सा पद्धति के मौलिक सिद्धान्त अन्य चिकित्सा पद्धतियों से पृथक हैं, अतः हमारे अनुसंधान के मापदण्ड व सिद्धान्त भी किंचित भिन्न ही होंगे। जिस प्रकार से पृथक आयुष मंत्रालय प्रारम्भ हुआ है, वैसे ही आज पृथक आयुष अनुसंधान पद्धति की आवश्यकता है। इस मौलिक आयुर्वेद अनुसंधान पद्धति का निर्माण जामनगर, जयपुर, वाराणसी या नई दिल्ली के संस्थानों के नेतृत्व में होना चाहिए तथा सम्पूर्ण भारत वर्ष में वही अनुसंधान पद्धति स्वीकृत व प्रचलित होनी चाहिए। तभी हम अपने गौरवशाली आयुर्वेद की परम्परा को वैज्ञानिक रूप से युगानुरूप स्वरूप प्रदान कर सकेंगे।

एम.डी./एम.एस. तथा पी.एच.-डी. लेवल के अनुसंधानों का प्रामाणिकता के साथ वेलिडेशन आयुर्वेदीय अनुसंधान पद्धति द्वारा होगा तो ये सभी शोधकार्य विश्व स्तर पर और अधिक स्वीकार्य होंगे।

अपने चिकित्सा विज्ञान व शिक्षा प्रणाली को आज पुनः युगानुरूप बनाने के लिए हम सभी को वैज्ञानिकता के साथ प्रयासरत होना होगा। आयुर्वेद के सिद्धान्त कालजयी है। मात्र उन्हें प्रत्येक युग में सिद्धान्तों के अनुरूप प्रस्तुत करने की आवश्यकता है।

भारत सरकार की कई संस्थाएं इस ओर कार्यरत हैं, लेकिन आवश्यकता है प्रत्येक व्यक्ति के महनीय योगदान की ताकि आयुर्वेद के नवीन अनुसंधान सभी मापदण्डों पर सर्वत्र ग्राह्य हो। आने वाले माह में भगवान धन्वन्तरि की जयंती है और उस शुभ अवसर से हम सभी अनुसंधान हेतु संकल्पित हो तथा आयुर्वेद के माध्यम से स्वस्थ राष्ट्र के निर्माण में सहभागी बनें।

— प्रो० महेश व्यास

अखिल भारतीय आयुर्वेद संस्थान
नई दिल्ली



A REVIEW ON THERAPEUTIC EFFICACY OF HINGU (OLEO GUM RESIN OF FERULA ASAFOETIDA L.)

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ABSTRACT

Ferula asafoetida (family: Umbelliferae) is a monoecious, herbaceous, perennial plant. Its oleo-gum-resin is exudates obtained from the rhizome of this plant. *Asafoetida* is inhabitant to central Asia, eastern Iran to Afghanistan. However, *asafoetida* is not inhabitant of India. It is grown chiefly in Afghanistan and Iran, and from these areas it is exported to the entire world. *Ferula asafoetida* Linn. is a chief source of *Asafoetida*, a sturdy, obstinate and sulfurous odor, and oleo-gum-resin of medicinal and nutritional significance. *Asafoetida* is used in food as a flavoring agent and also has been used as traditional medicine for many diseases in the world. Recent studies have shown numerous promising activities mostly muscle relaxant, memory enhancing, digestive enzyme, antioxidant, antispasmodic, hypotensive, hepatoprotective, antiviral, antifungal, anticancer, anxiolytics, and antihelmintic activities. It is used in the prevention and treatment of several problems such as unwanted abortion, unusual pain, sterility, and mainly ailment for women such as difficult and excessive menstruation and leukorrhea. Moreover, it is used for stomach pressure, flatulence, low acid levels in the stomach, and loose stools. This review deals with study of various phytoconstituents, pharmacological, and therapeutic effects of *Asafoetida*.

Key words: Antidiabetic activity, antifungal activity, *Ferula asafoetida* Linn, ferulic acid

INTRODUCTION

Asafoetida (*Ferula asafoetida* L.) is the plant utilized for manufacturing of dried latex (gum oleoresin) which is exuded from the rhizome and stems of this plant belonging to the family Umbelliferae. A milky secretion exudes from the cut surface of rhizome, stems and the dried exudates are scraped off. The plant grows 1-1.5 m tall and possesses extremely dissected leaves the inconspicuous yellow flowers have been kept in compound umbels. The bark is black and wrinkled which contains great amounts of gelatinous alliaceous juice.[1,2] The other species of *Ferula*, such as *Ferula rigidula*, *Ferula rubricaulis*, *F. asafoetida*, *Ferula alliances*, and *Ferula narthex* are other sources of *Asafoetida*. [3-5] *F. asafoetida* also grows wildly in the southern and central mountains of Iran. The oleo-gum-resin *Asafoetida* is called “Anguzakoma” “Anghouzeh,” and “Khorakoma” in Iran. Other names in some different languages are shown in Table 1. The oleo-gum-resin is generally produced by incisions on the roots or by removal of the stems from the plant. Dried exudates (oleo-gum-resin) are collected and packed for export. *Asafoetida* occurs in two principal forms, mass and tears and mass form is the most common in the market.[3,6] The fractionation studies of

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Asafoetida have led to the identification of some exciting bioactive compounds like antiviral sesquiterpene coumarins obtained from Asafoetida which is more potent than amantadine against influenza-A.[7] Asafoetida has a bitter taste and possess characteristic sulfurous odor. In addition, people in Nepal eat it, in daily diets and also thought that Asafoetida has diuretic, sedative, and aphrodisiac properties.[8,9] It is also used in the treatment of various diseases such as intestinal parasites, flatulence, influenza, epilepsy, stomachache, asthma, and weak digestion.[3,5,7] The pharmacological studies include antioxidant,[10] carcinogenic preventive,[11,12] antidiabetic,[13] antiviral,[7] hypotensive,[14] antifungal,[15-17] antispasmodic,[14] and molluscicidal[17,18] from this oleo-gum-resin. It is used to treat worm infections as well as snake and insect bites.[19,20]

Scientific Classification[21]

Kingdom: Plantae

Division: Magnoliophyta

Class: Magnoliopsida

Family: Umbelliferae

Genus: Ferula

Species: Asafoetida.

Chemical Constituents Present In Asafoetida

In general, Asafoetida consists around 68% of carbohydrates, 16% of moisture, 4% protein, 1% of fat, 7% of minerals, and 4% of fiber.[22] There are three main portions in Asafoetida which includes gum (25%), resin (40-64%), and essential oil (10-17%).[5] The resin portion contains coumarins, sesquiterpene coumarins, and ferulic acid and its esters and other terpenoids. The gum portion includes 1-arabinose, rhamnose,

glucose, galactose, glucuronic acid, polysaccharides, and glycoproteins. The volatile fraction contains monoterpenes, sulfur-containing compounds, and other volatile terpenoids.[23] Sulfur compounds in F. asafoetida resin show various biological activities and can be valuable in medicine.[24] Three main sulfur constituents which have been identified include 2-butyl 1-propenyl disulfide, 1-(methylthio) propyl 1-propenyl disulfide, and 2-butyl 3-(methylthio)-2-propenyl disulfide.[5] The main chemical constituents of F. asafoetida are well characterized and given in Table 2.

Pharmacological Activities of Asafoetida

In addition, it has been observed that Asafoetida possess a wide range of pharmacological activities which are scheduled in Figure 1.

Antidiabetic Activity

Diabetic is emerging epidemic around the world which considers as chronic untreatable condition due to insulin deficiency that effect 10% of population.[25] The mechanism of Asafoetida action involves the regularization of blood glucose. It has proved that the effect of Asafoetida on the secretion function of the pancreas is a result of their direct correlation with the cell membrane. Through carrier, Glut-2 the glucose enters to beta cell of the pancreatic islet Langerhans, where during metabolism adenosine triphosphate (ATP) created.[26] Then, the production of ATP stimulate the insulin secretion by changing the membrane potential, which finally ensure the Ca⁺⁺ ion flow into cytoplasm.[27] Asafoetida has a high concentration of calmodulin which transport calcium in beta cell. The sensitivity of the beta cell to Ca⁺⁺ is increased by the action of other secondary messenger. Calcium

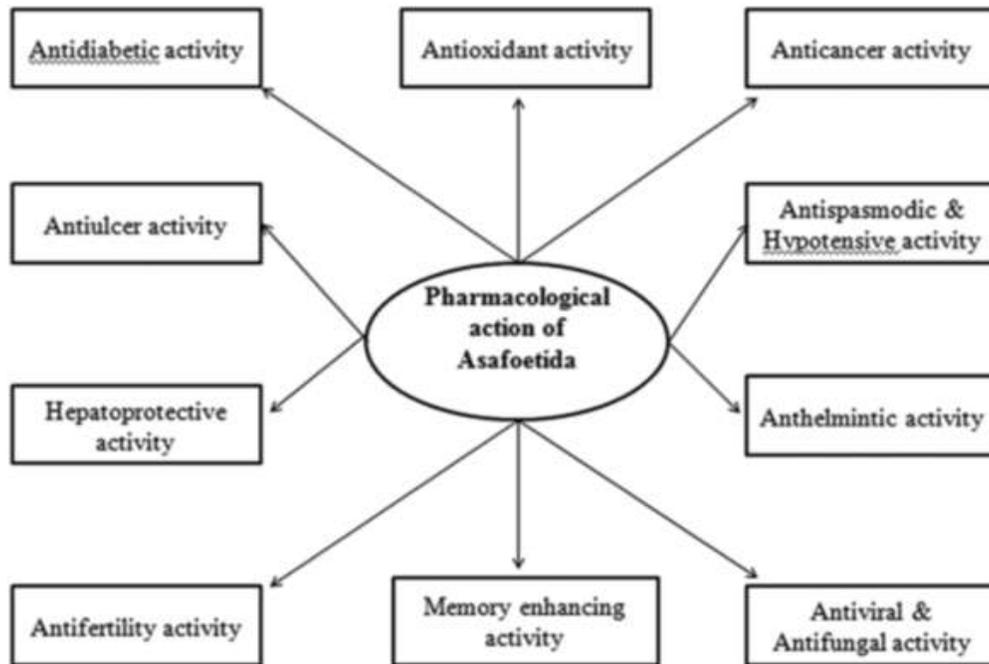


Figure 1: Pharmacological activities of Asafoetida

stimulates the tyrosine kinase leading to activation of insulin and its secretion from the cell. This activity was observed by the boiling water extract of oleo-gum-resin (IP) dosage 0.2 g/kg for 14 days using Alloxan-induced diabetic rats.[13]

Antioxidant Activity

The free radicals play a key role in various disease conditions. The biochemical reactions generate reactive oxygen species in our body which are capable of damaging essential biomolecules. If, reactive oxygen species are not effectively scavenged by cellular constituents, they cause disease conditions.[28] Such actions of free radicals can be blocked by antioxidant substances by scavenging them and detoxify the organism. It has been recently published that the plant has essential oil components.[29] In this

study, antioxidant activity of the essential oil components from the *F. asafoetida* was examined by in vitro 1,1-Diphenyl-2-picryl-hydrazyl (DPPH) and nitric oxide radical scavenging assay, reducing power, linoleic acid and iron ion chelation power, and establishing usefulness of this plant. The extract from aerial parts of *F. asafoetida* showed good but different levels of antioxidant activity in all the models studied. These extracts had good Fe⁺⁺ chelation ability; DPPH and nitric oxide radicals scavenging activities. Further investigation of individual compound, determines various ways of antioxidant mechanisms involved.[30]

Anticancer Activity

It has been studied that the aqueous and alcoholic extracts of *Asafoetida*, ginger, cinnamon



and cardamom on HEP-G2 cancer cell lines and human breast cell line (MCF-7) showed the chemopreventive activity throughout in vitro growth inhibitory assay. The aqueous as well as alcoholic extracts of Asafoetida, ginger, cinnamon, and cardamom was observed as cytotoxic agents against these tumor cells. A decrease in HEP-G2 and MCF-7 cell population was observed with these crude extracts. Many studies stated about tumor reducing activity of Asafoetida using oral administration of the extracts in mice by intraperitoneal transplantation in Ehrlich ascites tumor.[31] The cytotoxicity may be due to the high contents of essential oils in *F. asafoetida* which are toxic for biological systems[29,32,33] and also due to essential oils of different *Ferula* species. The sesquiterpenes, coumarins, phenylpropanoids, and disulfide compounds are the bioactive secondary metabolites obtained from *F. asafoetida*. The cytotoxic properties of stylosin (a monoterpene extracted from *Festuca ovina*) and mogoltacin (a sesquiterpene coumarin from *Ferula badrakema*) against tumor cell line have shown by inducing DNA lesions and increasing apoptosis of cells.[34] The sesquiterpene prenylated coumarin derivative ferulenol of *Asafoetida*, which cause toxicity to the plant and responsible for antibacterial properties as well as cytotoxicity toward human tumor cell lines. The most of the sesquiterpene coumarins were stored in the root part[35] which may be deliberated as potential biological compounds for the treatment of malignancies.[36] *F. asafoetida* has been reported to possess ferulic acid and farnesiferols which can prevent angiogenesis, vascular endothelial growth factor accelerated processes and the development of mouse Lewis lung cancer in mice.[33] In this study, the methanol extract is more cytotoxic compared to the ethanol extract. The yields of an extract of

F. asafoetida resin using ethanol (516.1 g) and methanol (558.6 g) extractions were 0.752% and 2.390% w/w, respectively. These results were in line with a previous study in which the data exhibited that the absolute methanol have a greater yield than ethanol.[37] Some study also exhibited the aqueous and alcoholic extracts tested for in vitro cytotoxicity study.[38] The result showed that aqueous extracts were considered to be less cytotoxic to these cells than their alcoholic extracts of the species. In addition, the aqueous extract has less inhibitory action than alcoholic extracts due to the variable amount of flavonoid and polyphenolic contents which are known to have antioxidant and chemopreventive actions.[39,40]

Antispasmodic and Hypotensive Activity

Fatehi et al. demonstrated that *F. asafoetida* gum extract was helpful in reducing blood pressure in anaesthetized normotensive rats. This effect of gum extract on the contractile responses of the isolated guinea-pig ileum stimulated by histamine, acetylcholine, and KCl; therefore mean arterial blood pressure in the rat was investigated. There was decrease in average amplitude of contractions of the isolated guinea-pig ileum was observed when opposed to control. The exposure of precontracted ileum treated with acetylcholine to *F. asafoetida* gum extracts caused relaxation in a dose-dependent manner. The gum extracts appreciably reduced the mean arterial blood pressure in anaesthetized rats. It has also been noted that *F. asafoetida* gum extract possess some good relaxant compounds which interfere with a range of histamine, muscarinic receptor and adrenergic activities, or the movement of calcium ions across membrane required for smooth muscle contraction non-specifically.[41]



Antiviral Activity

Recently, in vitro antiviral activity of Asafoetida was evaluated against some human rhinovirus (HRV) serotypes.[14] In this study, the Asafoetida gum resin inhibited the cytopathic effects in HeLa cells induced by HRV-2 in a dose-dependent manner. The mentioned study further streamlined for use of this gum resin in the upper respiratory diseases in traditional medicine.[7]

Antifungal Activity

Essential oils obtained from 20 different spices were evaluated for their antifungal activity against *Aspergillus niger*, *Candida albicans*, *Candida cylindracea*, *Candida tropicalis*, *Candida blanki*, *Candida krusei*, *Candida glabrata*, and *Saccharomyces cerevisiae* by disc diffusion method. The sensitivity of fungi toward different types of essential oils was compared with Ketoconazole as standard drug. Among the selected spices, Asafoetida oil showed inhibitory activity toward all fungal strains, but strong activity toward *C. tropicalis*, *C. albicans* MTCC-227, *S. cerevisiae*, and *A. niger* while moderate activity toward *C. blanki*, *C. glabrata*, *C. krusei*, *C. cylindracea*, *C. albicans* MTCC-3017, and *C. albicans* NCIM-3100 was observed. Sitara et al. evaluated antifungal activity of the essential oils extracted from the seeds of neem, mustard, and black cumin and Asafoetida in 0.5, 0.1, and 0.15% against eight seed borne fungi, viz., *Aspergillus flavus*, *A. niger*, *Fusarium moniliforme*, *Fusarium oxysporum*, *Fusarium nivale*, *Fusarium semitectum*, *Drechslera hawaiiensis*, and *Alternaria alternata* comparing with Ridomil Gold (MZ 68% WP). The oils extracted from all seeds except mustard showed a variation of the degree of fungicidal activity against experimental

species. Asafoetida oil considerably inhibited the growth of all test fungi. [16] The antifungal and allelopathic effects of the various concentrations of methanolic extract of Asafoetida oleo-gum-resin against *Pleurotus* spp. and *Trichoderma harzianum* and were evaluated in dual culture experiments on an agar medium. It exhibited fungistatic and fungicidal properties against *T. harzianum* and *Pleurotus* spp. at the higher concentrations.[42] The different concentrations of formulations containing neem oil, nicotinic acid and *F. asafoetida* were evaluated for in vitro screening against *Sclerotium rolfsii* ITCC 5226 and *Macrophomina phaseolina* ITCC 0482. These formulations with *F. asafoetida* at a dose level of 66 mg/L as a natural product may be an useful new approach to control pathogenic fungi.[15,43] Mostafa et al. noticed the antifungal effect of essential oil from Asafoetida seed on some of the plant pathogenic fungi including *Bipolaris sorokiniana*, *Fusarium graminearum*, *Verticillium* sp., *A. niger*, and *Fusarium solani* based on an entirely randomized design using in vitro method. The essential oil from Asafoetida seed compared with controls significantly inhibited the growth of all tested fungal species. *B. sorokiniana* growth totally inhibited by essential oil from Asafoetida seed, but inhibiting effect of other species was extremely dose dependent. El Deeb et al., 2012 evaluated the activity of Asafoetida against the in vitro growth of *Blastocystis* sp. Both oil and powder form of Asafoetida extracts were incubated with isolates of *Blastocystis* sp. subtype 3 comparing with antiprotozoan metronidazole as standard drug. Both oil and powder form of Asafoetida reduced counts and viability of all tested isolates of *Blastocystis* sp. subtype 3. The degree of the inhibitory action was extremely dependent on the



concentration, form and time of incubation with Asafoetida extracts. The lowest concentration of both powder and oil form of Asafoetida that caused complete inhibition of Blastocystis growth and maximum percentage inhibition of development was 16 and 40 mg/mL, respectively. Asafoetida can potentially be used as a potent natural alternative phytomedicine for the treatment of Blastocystis sp. infection.[44]

Antifertility Activity

It has been reported that post-coital antifertility activities were shown by various extracts of F. asafoetida. Keshri et al. found that the methanolic extract of F. asafoetida resin at a dose of 400 mg/kg daily prevented post-coitus pregnancy, in 80% of adult Sprague-Dawley rats up to days 1-10 duration. It has also been observed that the said dose inhibits pregnancy in 100% of the rats when administered in the mixture with polyvinylpyrrolidone.[45]

Hepatoprotective Activity

Dandagi et al. reported the hepatoprotective activity of different extracts such as those of F. asafoetida, Momordica charantia linn, and Nardostachys jatamansi against experimentally induced hepatotoxicity. The extracts of benzene, chloroform, petroleum ether (60-80), ethanol, and aqueous of F. asafoetida, M. charantia Linn, and N. jatamansi were evaluated against carbon tetrachloride-induced liver toxicity in Wistar rats for their respective hepatoprotective activities. Polyhedral suspensions of the above mentioned extracts were prepared and then respective hepatoprotective activities were screened by determining the levels of serum enzymes such as glutamate pyruvate transaminase, glutamate oxaloacetate transaminase, and alkaline phosphatase. It was also distinguished that

administration of polyhedral suspension reduced the serum enzyme levels. The biochemical observations were further supplemented by the histopathological examinations of liver sections. The experimental data indicated that polyhedral suspension of the extracts exhibited promising activity against the carbon tetrachloride-induced hepatotoxicity.[46]

Antiulcer Activity

The antiulcer activity of aqueous suspension from Asafoetida prepared in 1% carboxymethyl cellulose in water on various ulcer induced models of Wistar albino rats was evaluated. Gastric ulceration was induced by pylorus ligation in rats comparing with indomethacin used as standard and induction of gastric lesions by narcotizing agents such as by 80% ethanol, 0.2 M NaOH and by 25% NaCl. After administration of suspension, there was a significant protection in all models. The aforesaid observations were supported by a histopathological assessment of gastric tissue and by determination of gastric wall mucus (GWM) contents of the stomach as these parameters exhibited enhanced protection of various indices and by replenishing the depleted GWM level by suspension treatment.[47,48]

Memory Enhancing Activity

Manifestations of loss of memory are the primary symptom in most of the people suffering from Alzheimer's disease around the world. Vijayalakshmi et al., 2012 evaluated the effect of the F. asafoetida extracts on learning and memory in rats.[49] The memorization and learning were evaluated using elevated plus maze and passive avoidance paradigm after administering two oral doses (200 and 400 mg/kg) of F. asafoetida aqueous extract with



rivastigmine as a positive control. The extract produced a significant improvement in memory score and a dose-dependent improvement of transfer latency in elevated plus maze model. The significant improvement in antioxidant properties and dose-dependent inhibition of brain cholinesterase was also observed. Memory enhancing potential of *F. asafoetida* can be allocated to acetylcholinesterase inhibiting and antioxidant properties. *F. asafoetida* can also be employed as an adjuvant to existing antidementia therapies. Bagheri et al., (2015) investigated the effect of *Asafoetida* on preventive treatment of dementia which may be induced by D-galactose and NaNO₂ in mice. Animals were divided into four different groups such as normal control (NC), dementia control (DC), dementia prophylactic (DP), and dementia treated (DT). The groups DP, NC, and DT were appreciably shown superior memory retention capability than the DC group. *Asafoetida* could prevent and treat amnesia which may be explained by the presence of bioactive compounds containing sulfur and sesquiterpene coumarins.[50] The antiepileptic and antioxidant properties of the *F. asafoetida* gum extract, utilizing the pentylenetetrazole (PTZ) kindling method. The significant reduction of MDA and NO levels and raised the SOD level after administration of plant extracts treated groups compared to the PTZ group. *F. asafoetida* gum extract probably causes a decrease in oxidative damage and lipid peroxidation due to its antioxidant properties. The lowering effects of hydroalcoholic *F. asafoetida* gum extracts on the PTZ-induced seizures are probably, because of its antioxidant properties and decrease of oxidative stress.

Digestive Enzyme Activity

In general, the spices have strengthened salivary flow and gastric juice secretion and support in the digestion process, due to enzymatic participation in digestion. Some common spices or active principles were evaluated for their probable influence on digestive enzymes of the pancreas in experimental rats. The animal groups were kept for 8 weeks on the following spice diets curcumin (0.5 mg), capsaicin (15 mg), piperine (20 mg), ginger (50 mg), cumin (1.25 mg) fenugreek (2 mg), mustard (250 mg), and *Asafoetida* (250 mg). Among these spices, *Asafoetida* significantly enhanced pancreatic lipase activity and also stimulated pancreatic amylase. The positive impact of the pancreatic digestive enzymes exerted by a good number of spices consumed in the diet could be a factor contributing to the well-recognized digestive stimulant action of spices.[11] Rao et al. also examined the in vitro influence of 14 spices along with *Asafoetida* on the effects of digestive enzymes of rat pancreas and small intestine including them in the reaction blend of two dissimilar concentrations. A majority of spices improved the activity of pancreatic lipase and amylase when they are directly influencing the enzyme.[51]

Anxiolytic Effect and Anthelmintic Activity

Alqasoumi (2012) discussed the analgesic, sedative and anxiolytic activities of *Asafoetida* in rodents, using hot plate, motor activity meter, and elevated plus maze. Diazepam was used as a standard anxiolytic agent. The results have shown a dose-dependent anxiolytic and analgesic activity of *Asafoetida* with a calm sedative result in high doses. The *Asafoetida* seems to be a better option for the cure of anxiety disorders. Low



doses of Asafoetida can be a therapeutic alternative to the presently used anxiolytic drugs.[52,53]

Gundamaraju (2013) evaluated the anthelmintic activity of three different concentrations of aqueous extract of *F. asafetida* against *Pheretima posthuma* that involved the determination of time of paralysis and death of the worm. The extract has shown significant anthelmintic activity at the highest concentration of 100 mg/mL. It has also shown better expressive activity than the standard drug of piperazine citrate.[54] Kumar and Singh studied the effect of dried *Allium sativum* clove powder, *F. asafetida* dried latex powder and flower but dried powder of *Syzygium aromaticum* in the management of liver fluke *Fasciola gigantica*. All the three plants were evaluated for anthelmintic activities at the same time-concentration and time dependent. Ethanol extract was more toxic than other organic extracts. Ethanol extract of *F. asafetida* was highly toxic against *F. gigantica*. The dried root latex powder of *F. asafetida* can be invoked as potent helminthicide.

Biological Activities Reported from the Bioactive Coumarins of Asafoetida

The pharmacological activities of some main chemical constituents from *Asafoetida* have been proved by various studies of researchers and found significant in prevention and control of various diseases or disease conditions.

a. Umbelliprenin has anti-inflammatory, apoptosis inducer (melanoma cell line), 5-lipoxygenase inhibitor, antileishmanial action, cancer chemopreventive (in vitro and in vivo), and depigmentation of bacteria (*Serratia marcescens*).

- b. 8-acetoxy-5-hydroxyumbelliprenin has antiviral (influenza H1N1), NF- B inhibitor action.
- c. 10-R-acetoxy-11 hydroxyumbelliprenin has antiviral (influenza H1N1) activity.[7]
- d. Epi-conferdione has antiviral (influenza H1N1).[7]
- e. Conferol has antiviral (influenza H1N1), cytotoxic (HepG2, Hep3B, and MCF-7), synergistic effect with anticancer agents (vincristine).[7,55]
- f. Farnesiferol A has antiviral (influenza H1N1) action.[7]
- g. Farnesiferol B has antiviral (influenza H1N1, HRV-2).[7,14]
- h. Farnesiferol C antiviral (influenza H1N1, HRV-2), antitumor, and antiangiogenic.
- i. Ferulic acid has anticoagulant, molluscicidal, antioxidant (as sodium ferulate), anti-atherosclerotic, cancer chemopreventive, neuroprotective, angiogenesis inducer, vasodilator, antigenotoxic, and hypoglycemic.[56,57]
- j. Galbanic acid has antiviral (influenza H1N1, HRV-2), antileishmanial, and bacterial resistance modulator (*Staphylococcus aureus*).[7,58]
- k. Umbelliferone antioxidant, molluscicidal, antihyperlipidemic, antihyperglycemic, and angioedema.[59,60]

ADVERSE EFFECT

A methemoglobinemia has been observed after ingestion of *Asafoetida* in a 5 week old black male infant. He was found by the action of intravenous methylene blue from onset of



tachypnea, grunting, and cyanosis.[61] The large dose intake of Asaetida may lead to bulging in the mouth, a digestive complaints such as diarrhea and flatulence, nervousness, and headache. Intake of Asafetida is safe to prescribe during the pregnancy.[62]

CONCLUSION

On the basis of the literature, Asaetida can be used as different medicines by its pharmacological activities. Asafoetida traditionally is greatly employed for the treatment of a variety of diseases. It is also widely used all over the world as an odor spice in different foodstuff. It is used as a management of several problems such as unwanted abortion, unusual pain, sterility, and particularly ailment for women such as difficult and excessive menstruation, and leukorrhea. In recent pharmacological studies have also shown that Asafoetida acquires numerous activities such as a relaxant, neuroprotective, memory enhancing, digestive enzyme, antioxidant, antispasmodic, hypotensive, hepatoprotective, antimicrobial, anticancer, anthelmintic, and another therapeutic effect. Even though Asafoetida has amazing medicinal significance but detailed studies to search new chemical constituents are also immensely needed.

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TO EVALUATE THE COMBINED EFFECT OF TRIPHALA ASHCHYOTANA & PATOLADI SEKA IN NETRA-ABHISHYANDA (BACTERIAL CONJUNCTIVITIS)

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ABSTRACT :

To evaluate the combined efficacy of *Ayurvedic* formulation a *Triphala* eye drops and *Patoladi Kwath Seka* in *Netra Abhishyanda* (Bacterial conjunctivitis), The current study is planned total of 15 patients attending the outpatient department of *Shalaky Tantra* with characteristic features of *Netra Abhishyanda* were selected for the present study. These patients fulfilling the trial criteria. Fifteen patients were given trial drug, i.e., *Triphala* eye drops & *Patoladi Kwath Seka*. Random sampling technique was adopted for the present study. The duration of the treatment was 7 days with 1 week follow-up. Patients receiving the trial group demonstrated reduction of redness, burning sensation, lacrimation, photophobia, Foreign body sensation, Discharge, and congestion, which were statistically significant with 93% patients cured or markedly improved category. Signs and symptoms stated above were also statistically reduced with *Triphala* eye drops with *Patoladi Kwath Seka*. Based on the study, it can be concluded that, *Triphala* eye drops & *Patoladi Kwath Seka* are very effective in the management of *Netra Abhishyanda* viz. bacterial conjunctivitis.

Key words: *Abhishyanda*, bacterial conjunctivitis, *Triphala* eye drops, *Patoladi Kwath Seka*.

INTRODUCTION:

The word *Abhishyanda* is derived from two words viz. “*Abhi*” and “*Syandana*.” “*Abhi*” means profuse or more and “*Syandana*” means discharge or secretion, combined meaning is profuse discharge from all parts of eye. The disease *Abhishyanda* is a *Sarvagata Netra Roga*, which means it affects all parts of the eye¹. *Acharya Sushruta* has enumerated it under communicable diseases³. The disease *Abhishyanda* closely resembles bacterial conjunctivitis in present era with sign and symptoms of *Lalima* (redness) *Daha* (burning sensation), *Raag* (congestion), *Shopha* (edema), *Kleda* (discharge), *Shyava-vartma* (discoloration of lids), *Prakashasahatva* (photophobia) etc. Several studies demonstrate that bacterial conjunctivitis represents 50-75% of all types of conjunctivitis⁴. Bacterial conjunctivitis is characterized by conjunctival congestion, often associated with mucopurulent discharge. Symptoms usually begin in one eye, but may spread to the other.

First line of treatment in modern science is antibiotic therapy alone, unless secondary infection is limited. Thus to combat this establishment of a new efficient alternative treatment procedure is need of the day. In *Sushruta Samhita*, *Abhishyanda* is described as *Vyadhya Sadhya vyadhi*⁵. Different types of treatment for *Abhishyanda* like *Seka*,

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Ashchyotana, Nasya, Anjana, Alepa, are locally applied and systemic treatment is *Virechana and Raktamokshana*⁶. In this study chosen drug was *Triphala Ashchyotana*⁷ and *Patoladi Kwath Seka*⁸. *Triphala* and contents of *Patoladi Kwath* have the *Kapha-Pittashamaka, Kandughna, Tridoshar* and potent anti-inflammatory, anti-bacterial, antiseptic properties. Even though the conjunctivitis may manifest in various forms, in the present study, we have included only bacterial conjunctivitis. The management of this condition is based on various measures like *Ashchyotana* (eye drops), *Putapaka* (lubrication), ointment, etc., carried out with the help of different medicinal plants according to demand with respect to the predominance of various etiological factors. *Sushruta* has enumerated 167 types of herbs for the management of different ocular diseases. Among these medicines, we have selected *Triphala* eye drop and *Patoladi Kwath Seka* as a trial drug. This study is an attempt in this direction to evaluate the effects of an *Ayurvedic* medicine on bacterial conjunctivitis

Materials and Methods

The patients with characteristic features of *Abhishyanda* (Bacterial Conjunctivitis) were selected for the present study. Total 15 patients of bacterial conjunctivitis were selected, irrespective of age, caste, creed, race, and religion.

Inclusion criteria

- All patients presenting with signs and symptoms of *Abhishyanda* (bacterial conjunctivitis)
- Patient willing for trial
- Age -10-40 year

Exclusion criteria

- Age group below 10yrs.
- Patients suffering from any other conjunctivitis.
- Patients having diseases like corneal ulcer, ectropion, entropion, trichiasis, dacryocystitis, dry eye, lagophthalmos, etc.
- Patients suffering from specific eye lid disorders like tumour, carcinoma, skin Allergies,
- Systemic diseases like- DM, HTN, etc.

Diagnostic phase

Patients were diagnosed on the basis of signs and symptoms of *Netra Abhishyanda* assisted with investigations and findings. All the patients selected for trial were explained about the nature of the study and their written informed consent was obtained.

Criteria of Clinical assessment adopted for present study

- *Daha* (burning sensation)
- *Ushanashruta* (lacrimation)
- *Antah Kleda* (mucopurulent discharge)
- *Lalima* (redness)
- *Sangharsh* (F.B. Sensation)
- Coloured Halos
- *Prakash Ashayata* (photophobia)
- *Shopha* (lid oedema)
- Congestion (raktadhikya)
 - (a) Palpebral – *Antarvartma*
 - (b) Bulbar - *Akshigoak Twak*

Investigational criteria:

For the purpose of assessing the general condition of the patient and to exclude other



pathologies, the following investigations were performed in all the selected patients:

- **Hb%**
- **TLC**
- **DLC**
- **ESR**
- **Swab Culture**

After arriving the proper diagnosis, clinical proforma was filled up which incorporated all the signs and symptoms based on both *Ayurvedic* as well as modern parameters.

Preparation of Triphala eye drop:

As facility for the sterile manufacturing and packaging of the eye drops was not available at Institute pharmacy, preparation of the eye drops was done at Bilwal Medchem & Research Laboratory Pvt. Ltd. Vidyadhar Nagar, Jaipur, Rajasthan, following full guidelines of the modern as well as *Ayurvedic* Formulation of India (AFI).

Patients were advised to instill the drops into affected eye 6times a day, in a dose of 2 drops each time. Microbial culture and testing of drug ingredients performed on the day of preparation of drug.

Preparation of Patoladi Seka Kwath:

At first total 10gm coarse powder of all ingredients (all in equal amount) *Sama Matra* of *Yavakuta Churna* of *Patoladi gana dravya* (*i.e Patola, Shweta Chandana, Rakta Chandana, Murva, Guduchi, Patha & Kutaki,*) each was taken in a pan and soaked into 160ml of fresh water then subjected to heat on slow low flame. Continuous stirring was done throughout the process with a view to prevent avoid unwanted sticking of powder to the bottom of pan. Heat was provided until it reduced upto 1/4th part *i.e.* 40ml. Soon after, straining was done cautiously using four folded

coton cloth. This decoction was used for *Seka* purpose in lukewarm state.

Assessment phase:

The effect of the treatment (results) was assessed regarding the clinical signs and symptoms (on the basis of grading and scoring system) and over all improvement.

Overall assessment of the therapy:

To assess the overall effect of the therapy, following criteria was down:

- **Cured:** >90 % relief in signs and symptoms and no recurrence during follow up study
- **Marked improvement:** 75% to 90 % improvement in signs and symptoms
- **Moderate improvement:** 50% to 75% improvement in signs and symptoms.
- **Mild improvement:** >25% improvement in signs and symptoms.

Observations and Results:

Effect of therapy was assessed on the basis of changes observed in cardinal signs and symptoms with the help of statistical analysis [Tables 1]. The results showed that therapy provided significant relief in Redness (76.3%), Mucopurulent discharge (93.5%), Burning sensation (87.9%), Photophobia (96.2%), Lacrimation (86.2%), FB sensation (82.9%) & Coloured Halos (100%). The therapy also provided relief in palpebral and bulbar conjunctival congestion by 92.6% and 92.6%, respectively. Edema improved by 100% and Swab culture by 100%, which is also statistically significant. The data of present study showed that 12 patients (80.0%) were markedly improved, 02 patients (13.3%) were moderately improved, and 01 patient (6.7%) showed mild improvement. During the course of therapy and after withdrawal, there is no side effect, no toxic or adverse effect of the drugs was observed from any subject of both the groups.



Table. 1

Sign & Symptom	Median		Wilcoxon	P-Value	% Effect	Result
	BT	AT	Signed Rank W			
REDNESS	3	1	-3.624 ^a	0.000	76.3	Significant
BURNING SENSATION	2	0	-3.624 ^a	0.000	87.9	Significant
LACRIMATION	2	0	-3.542 ^a	0.000	86.2	Significant
PHOTOPHOBIA	2	0	-3.542 ^a	0.000	96.2	Significant
FOREIGN BODY SENSATION	2	0	-3.771 ^a	0.000	82.9	Significant
MUCOPURULENT DISCHARGE	2	0	-3.771 ^a	0.000	93.5	Significant
COLOURED HALOS	1	0	-3.578 ^a	0.000	100.0	Significant
OEDEMA	1	0	-3.542 ^a	0.000	100.0	Significant
PALPEBRAL CONJUNCTIVAL CONGESTION	2	0	-3.542 ^a	0.000	92.6	Significant
BULBAR CONJUNCTIVA CONGESTION	2	0	-3.542 ^a	0.000	92.6	Significant
SWAB CULTURE	1	0	-3.542 ^a	0.000	100.0	Significant

In the present study, total number of 15 patients in this groups (12 in markedly improved 02 patients were moderately improved, and 01 patient showed mild improvement.) were registered and were given *Triphala Ashchyotana & Patoladi Kwath Seka*. In this study all patients (15 patients) completed the trial satisfactorily. The eye drops were given two drops six times per day and *Seka (Ropana Seka 600 Vakmatra Kala)* 15 min per day. During the trial, patients were assessed on third day and seventh day of treatment. After seventh day, drug administration was stopped and patients were followed up for the next 1 week. Results obtained were also statistically analyzed and mean percentage relief, S.D., S.E., and 't' value by using the paired 't' test was calculated.



During the present study, it was observed that most of the patient's i.e. 50.00% was between 21-30 years followed by 30% patients between 10-20 yrs and 20% patient were between 31-40 year. This can be explained by the fact that the person gets/acquires immunity against the offending pathogens due to repeated infections. Majority of victims were students (53.33%) followed by housewives (30%). This expression may be due to the fact that the disease is contagious in nature, also described by *Acharya Sushruta as Aupsargika Roga*.

CONCLUSION:

In this present research work on the basis of facts, observation and result of drug and clinical studies, the following can be concluded:

- Based upon the detailed conceptual description, it can be concluded that both the disease *Pittaja Abhishyanda* and Bacterial Conjunctivitis are similar in respect of clinical features.
- “*Triphala Aschyotana & Patoladi Seka*” showed statistically highly significant results in *Pittoshna Srava* (Lacrimation), *Raga* (Conjunctival Congestion Bulbar & Palpebral) and Swab Culture and significant results were found in rest of Assessment Parameters, which is also supported by statistical analysis. The drug was devoid of any toxic effect also and thus can safely substitute the modern management of infective conjunctivitis.

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ROLE OF DARVI SEKA ON PRAKLINNAVARTMA W.S.R. TO ANTERIOR BLEPHARITIS- A CLINICAL STUDY

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ABSTRACT :

Eyes are the choicest gift of God to the humans. Eyes are really the windows through which world can be seen. The eyelids act as shutter in order to protect the eyes. Anterior blepharitis is one of the common disease of the eyelids. It is a sub-acute or chronic inflammation of the margins of the lids. It is often a recurring condition associated with bacterial infection or skin disorder such as dandruff or acne rosacea. Anterior blepharitis is of ulcerative and seborrhoeic types. **Seborrhic blepharitis**- Appears as greasy flaks or scales around the base of eyelashes and a mild redness of the eyelids. **Staphylococcal blepharitis** – patients frequently exhibit mild sticky together of the lids, thickened lid margins, and missing and misdirecting eyelash. The disease is well explained in *Ayurvedic* classics.

Key Words – Praklinnavartma, Anterior blepharitis, Darvi Seka.

INTRODUCTION -

Shalakayatantra deals with the diseases manifesting above the clavicular¹ region and includes the diseases of the sense organs. Protection of the eye sight is the most priority of the *Shalakayatantra*. *Acharya Sushruta* described 76 eye² diseases out of which *vartmagata* (eyelid) diseases are 21 in number. *Praklinnavartma* is describe as *Kaphaja*³, *Aushadha Sadhya*⁴, *Vyadhi*. *Acharya*

Madhava, Bhavprakash and Acharya Chakradutta also considered *Praklinnavartma* in *vartmagata* diseases. *Praklinnavartma* is characterized⁵ by predominance of *Arujama* (painless or mild pain), *Bahyata Shunama* (swollen lid externally), *Antahaklinnata* (stickyness), *Srava* (discharge), *Kandu* (itching), *Nishtoda* (pricking sensation). In modern science this disease has resemblance with anterior blepharitis.

Blepharitis⁶ - It is an inflammation of the eyelid margin causing red, irritated, itchy eyelids and the formation of dandruff like scales on eyelashes. It is common eye disorder caused by either bacterial or a skin condition such as dandruff of the scalp or acne rosacea. It affects people of all ages. Although it is not contagious. Blepharitis⁷ is classified into two types

1. **Anterior blepharitis** - Occurs at outside front-edge of the eyelid where the eyelashes are attached.

2. **Posterior blepharitis** - Affects the inner-edge of the eyelid that comes in contact with the eyeball linked to dysfunction of meibomian glands within the eyelids which helps to lubricate the eye.

Anterior blapharitis are of two types -

Anterior blepharitis- affects the area surrounding the bases of the eyelashes and may be (staphylococcal) ulcerative and seborrhoeic⁸.

Seborrhic blepharitis- It ppears as greasy flaks or scales around the base of eyelashes and a mild redness of the eyelids.

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Staphylococcal blepharitis – In such condition patients frequently exhibit mild sticky together of the lids, thickened lid margins, and missing and misdirecting eyelash.⁹

By the modern treatment only symptomatic relief is the outcome and reoccurrence is there. On the other hand, drug sensitivity increasing resistance, preservative induce dry eye as well as the complications¹⁰ of the steroids, for e.g. cataract, glaucoma, and increased risk of bacterial and fungal infections restrict the long term use of these medicines. While in Ayurveda there are various treatment modalities like *Tarpana*, *Seka*, *Anjana*, *Putapaka*, *Raktamokshana*. The present study was done on *Darvi Seka*¹¹ yoga as explained by *Acharya Shodhala*. The drugs present in *Darvi Seka* yoga are- *Daruharidra* and *Madhu*. These drugs helps in pacification of vitiated *Kapha dosha*.

AIM AND OBJECTIVE

1. To evaluate the effect of *Seka Karma* on *Praklinnavartma* w.s.r. to anterior blepharitis.

MATERIALS AND METHODS

Study Design – The study was conducted on 15 clinically and pathologically diagnosed patients of Anterior Blepharitis (*Praklinnavartma*) from O.P.D. and I.P.D. of P.G Department of Shalaky Tantra of Rishikul Campus, Haridwar (U.K.), India, irrespective of caste, creed, race and religion of age 10-50 years. Patients were advised for *Seka karma* by *Darvi Seka* for 300 *matrakala* (9) minutes for 15 days. Once a day.

Study duration- one month.

Follow up study: One follow up after completion of therapy at the interval of 30 days.

Diet recommendation-Patients were advised to follow *Pathya Ahara* and *Vihara* as

mentioned in *Netra Roga Chikitsa* in *Ayurveda* classics.

Criteria of diagnosis: Patients were diagnosed on the basis of signs and symptoms of Anterior blepharitis and those mentioned in *Ayurvedic* classics with reference to *Praklinnavartma*, such as: *Antaha Klinnata* or *Srava* (discharge at lid margin), *Kandu* (itching at lid margins), scaling, crust, falling of eye lashes, *bahayata shunama* (lid oedema), discomfort.

Inclusion criteria : Patient presenting with signs and symptoms of *Praklinnavartma* and anterior blepharitis.

Age – 10yr-50yr.

Sex – either sex

Exclusion criteria

- Patient having diseases like corneal ulcer, dacryocystitis, dry eye, lagophthalmos, infective conjunctivitis etc.
- Patients suffering from specific eyelid disorders like ectropion, entropion, trichiasis, tumor, carcinoma, skin allergies.
- Systemic diseases like- DM, HTN.
- HIV positive patients
- Patient having Hb less than 10 gm%

CRITERIA FOR WITHDRAWAL

- Personal Matters
- Inter current Illness
- Cases complicated with superadded infections

Investigations:

- ESR
- TLC
- DLC
- Blood Sugar
- Hb%



Statistical analysis - statistical study was carried out in terms of median (X), Standard Deviation (S.D.), Standard Error (S.E.) and Wilcoxon's signed rank-Test (W-value) before and after treatment condition of patients. P Value less than 0.05 shows significant result after treatment.

RESULT – Efficacy Study of *Darvi Seka*

Group A	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
LID OEDEMA (BAHAYATA SHUNAMA) RE	1	0	-3.638 ^a	0.000	75.0	HS
LID OEDEMA (BAHAYATA SHUNAMA) LE	1	0	-3.638 ^a	0.000	71.4	HS
ITICHING (KANDU) RE	2	1	-3.578 ^a	0.000	63.3	HS
ITICHING (KANDU) LE	2	0	-3.416 ^a	0.001	70.4	HS
Discomfort RE	2	1	-3.690 ^a	0.000	56.7	HS
Discomfort LE	2	1	-3.626 ^a	0.000	62.1	HS
Discharge at lid margins (ANTAHA KLINNATA) RE	0	0	-2.646 ^a	0.008	63.6	S
Discharge at lid margins (ANTAHA KLINNATA) LE	1	0	-2.828 ^a	0.005	61.5	S
Scaling RE	2	0	-3.176 ^a	0.001	76.9	HS
Scaling LE	2	0	-3.153 ^a	0.002	76.0	S
Crust RE	1	0	-3.357 ^a	0.001	68.4	HS
Crust LE	1	0	-2.887 ^a	0.004	68.4	S
Falling of eyelashes RE	1	1	-2.887 ^a	0.004	52.6	S
Falling of eyelashes LE	1	1	-3.272 ^a	0.001	52.6	HS



Effect of therapy - Seka Karma with Darvi
Seka yoga provided maximum relief in scaling re i.e. 76.9% (p=0.001) & in le i.e. 76% (p=0.002) followed by 75% (p=0.000) in Lid Oedema (Bahayata Shunama) re & 74.4 % in le, 63.8% (p=0.000) in Itching (Kandu) re & 70.4% (p=0.001) in re, crust re 68.4% (p=0.001, 0.004) in both eyes, 63.6% (p=0.008) discharge at lid margins (Antaha Klinnata) re & 61.6% (p=0.005) in le, discomfort re 56.7% (0.000) & 62.1% in le, 56.2% (p=0.004, 0.001) in falling of eyelashes of both eyes.

Follow up of Darvi Seka Yoga

The recurrence in Scales was found 33.3 % patients within 30 days whereas no recurrence was observed in remaining patients.

During follow up period recurrence in crust was found in 40.0% of patients within 30 days and remaining patients had no recurrence.

The recurrence in *Kandu* was found in 36.7% of patients within 30 days whereas no recurrence was observed in remaining patients.

DISCUSSION ON TRIAL DRUGS -

For the treatment of *Praklinnavartma*; *Seka Karma* are advocated. For *Seka Karma*, *Lekhana* type of *Seka* was used for study.

PROBABLE MODE OF ACTION OF DARVISEKA-

Mode of action can be explained by synergistic effect of *Seka Yoga*.

Action of Darvi Seka Yoga

Seka Karma (luke warm *Darvi Seka Yoga*) by pouring from the height of four *Angulas*



Increased local temperature of *Vartma* and local vasodilation



Which increases the Absorption of the Drugs of *Darvi Seka*¹² (*Darvi and Madhu*) which have the properties of *Kapha-Pitta Shamaka*, *Raktashodhaka* and *Tridhoshaghna* respectively. These properties can counteract vitiated *Doshas* and *Dushya* to Disintegrate the pathology of the disease.



Drug having *Katu*, *Tikta*, *Kashaya Rasa* which helps in *Ama Pachana* and *Shlesopasoshana*. The *suddha Srotasa* allow the free movement of *Tridoshas*.



Laghu ,*Ruksha Guna* of Drug allow *Lekhana*, *Pachana* and *Vranaropana*.



Due to *Sukshma Guna*, after assimilation, drug approaches at the minute level (cellular level) of the body.



Ushana Virya has *Lekhana*, *Chhedniya*, *Shodhana*, and *Kaphanashaka* effect.



The synergistic effect of both the drugs having properties of *Chakshusya*, *Shothhara* and *Lekhana Karma* show its effect on symptoms of the disease.



CONCLUSION

Darvi Seka Yoga significantly reduces the symptoms of *Praklinnavartma* (anterior blepharitis) & no adverse effects of this therapy were seen. Thus, it can be concluded that, *Darvi Seka* may be used in the effective management of patients of *Praklinnavartma* (anterior blepharitis).

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PRACTICAL APPROACH OF EXTERNAL PANCHKARMA PROCEDURES AT OPD LEVEL

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ABSTRACT

It has been considered that Ayurvedic treatment needs more time to give results and is very complicated. But there are some procedures that can be done easily within less equipped time & with small area, to get immediate results. Abhyanga, Nasya karma, Shiro pichu, Shiro abhyanga, application of Lep, Jalaukavacharana, Agni karma, Matra basti and Sthanik basti procedures like Janu, Kati, Manya basti can be done as an OPD procedures. This article gives description of these procedures in specific conditions that can be prescribed as OPD treatment.

Materials and Methods: This is a conceptual type of study. Textual materials are used for the study from which various references have been collected. Main Ayurvedic texts used in this study are Charaka Samhita, Sushruta Samhita, Ashtang-Sangraha etc.

Conclusion: Ayurvedic medicinal treatment along with, these procedures gives good results.

Key words: External Panchakarma Purvakarni, procedures, OPD level, Abhyanga, Vasti.

INTRODUCTION

- Stress, environmental pollutants and poor lifestyle choices create a toxic load on the body that, if left in the tissues and blood stream, results in poor health.

- In Ayurveda many procedures are mentioned that can be done easily with minimum resources. It includes abhyanga, nasya, shiro pichu, matra basti, sthanik basti viz. manya, kati, janu etc., jalauka avharan, cupping, agni karma.
- This external panchakarma procedure does not completely cure disease; they cure it in a way to prevent the reoccurrence of the disease. It aims at giving a long term cure for the disease. Ailments have expanded multi-fold by the more reliability on newer methods of medicine for treatment and therapy.
- Today with the increasing burden of cost on healthcare system, demand to search simple cost effective, non recurrent, with no adverse effect, acceptable and effective therapy to combat the challenges. This is the time to look at the traditional and time- tested knowledge of Ayurveda and their specific procedure.
- These para-surgical procedures like Agni karma, Siravedha, Cupping method are simple and no sophisticated instruments, devices, anaesthesia and analgesia is required. Ayurvedic Para-surgical procedures have great role to fight against the chronic and acute disorders.
- This article includes descriptions that covers the variety of therapies that may be

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performed on OPD basis with no or minimum invasive procedures.

AIM AND OBJECTIVES

- ♦ To follow procedures mentioned in Ayurvedic classics by adopting some contemporary methods.
- ♦ To provide the information of small procedures mentioned in Ayurveda that can be done at OPD level.
- ♦ To treat patient with some easy karma on OPD basis.

MATERIAL AND METHOD

Material related to external panchakarma procedure is collected from Ayurvedic text and text book of modern medicine respectively. The available commentaries of Ayurvedic Samhitas are also referred to collect relevant matter. The index, non-index medical journals has also referred to collect information of relevant topic.

CONCEPTUAL STUDY

1. ABHYANGA/ MASSAGE

न चाभिघाताभिहतं गात्रमभ्यङ्गसेविनः ।
विकारं भजतेऽत्यर्थं बलकर्मणि वा क्वचित् ॥ 88 ॥
सुस्पर्शोपचिताङ्गश्च बलवान् प्रियदर्शनः ।
भवत्यभ्यङ्गनित्यत्वान्नरोऽल्पजर एव च ॥ 89 ॥
Ch.Su.5/88-89

Abhyanga means oil massage. This is typically a self massage. By applying the oil massage regularly the onslaught of aging is slacked. This massage need not be long and cumbersome. Massaging the Scalp, forehead, hand and feet for about 5 minutes is sufficient.

2. SHIROABHYANGA

Due to work stress and hectic schedule people often visit beauty parlour or salon for the head massage and get relaxed. In Ayurveda application of oil to the head by specific manner is known as Shiroabhyanga .So this simple procedure can easily be done in OPD as well.

- ♦ Application of oil to the head by specific manner is known as Shiro abhyanga.
- ♦ It is very useful in all the diseases of head and keeps the sense organs healthy.
- ♦ It prevents greying and falling of hair.
- ♦ It helps in stress relieving.
- ♦ It induces sound sleep.
- ♦ It is also helpful in many neurological disorders

3. SHIROPICHU

It is a procedure by which a piece of either cloth or gauze or sponge dipped in medicated oil and to be kept on the Brahmharandra (anterior fontanelle) of head for a specific period.

Benefits of Shiro pichudharan

- ♦ Hair fall
- ♦ Hair greying
- ♦ Cracks of skin of the head
- ♦ Stiffness of eyes.
- ♦ Mental and neurological disorders.

4. SHIRODHARA

Benefits:

नित्यं स्नेहार्द्रशिरसः शिरःशूलं न जायते ।
न खालित्यं न पालित्यं न केशाः प्रपतन्ति च ॥ 81 ॥
बलं शिरःकपालानां विशेषेणाभिवर्धते ।
दृढमूलाश्च दीर्घाश्च कृष्णाः केशा भवन्ति च ॥ 82 ॥
इन्द्रियाणि प्रसीदन्ति सुत्वग्भवति चाननम् ।
निद्रालाभः सुखं च स्यान्मूर्ध्नि तैलनिषेवणात् ॥ 83 ॥
Ch.Su.5/81-83

- ♦ One who applies oil on his head regularly does not suffer from headache, baldness, greying of hair, nor does his hair fall.
- ♦ Strength of his head and forehead is specially enhanced.
- ♦ Sense organs work properly.
- ♦ Generates sound sleep and happiness.

5. SWED KALPANA

Upanaha Swed: In this drugs like Vacha, shatapushpa, kushtha, devadaru, rasana, eranda,



are made into paste and then heated. This heated paste is kept in cloth evenly & then the cloth is tied to the affected part. Indicated in Sandhigata vata, Vatrakta, Tennis elbow, Writer's hand, Carpel tunnel syndrome, Frozen shoulder, Calcaneal spur etc.

6. LEP KALPANA

Meer smearing of the medicated herbs added with oil to the body part is known as lepa. It helpful in skin diseases, due to vitiated vata dosha, disease of the scalp, hair fall, dandruff, painful condition of musculoskeletal system and also it cures peripheral vascular diseases. Required quantity of choorna should be taken and normal water is added in sufficient amount to convert the choorna in to Lepa form. Ask the patients to apply the Lepa in the opposite direction to hair roots, all over the face. The Lepa should be applied with a uniform thickness of one fourth of once own thumb width (about 1/4th of an inch).

7. NASYA KARMA

नस्यकर्म यथाकालं यो यथोक्तं निषेवते ।।57 ।।
न तस्य चक्षुर्न घ्राणं न श्रोत्रमुपहन्यते ।
न स्युः श्वेता न कपिलाः केशाः श्मश्रूणि वा पुनः ।।58 ।।
न च केशाः प्रमुच्यन्तेवर्धन्ते च विशेषतः ।
मन्यास्तम्भः शिरःशूलमर्दितं हनुसङ्ग्रहः ।।59 ।।
पीनसार्धावभेदौ च शिरःकम्पश्च शाम्यति ।

Ch.Su.5/57-59

Two drops of medicated oil are instilled in each nostril, which is then inhaled deeply. This enables to clear the respiratory channels, thus permitting easy breathing and better perception of the sense of smell.

Prevents hair fall & premature greying of hair.
Strengthens the sensory organs.

KAWALA-GANDUSHA

A medicated therapy that gently improves oral hygiene by holding natural fluids like milk, honey, oil, etc., (as recommended by the physician) for 3-8 minutes in the mouth. This

treatment will strengthen teeth and gums, and more importantly, improve sensitivity of taste-buds and freshness in mouth.

9. AGNI KARMA

Agnikarma Chikitsa is said to be superior. Several researches have shown that Agnikarma Chikitsa is more effective compared to the other treatments such as oral drugs or even surgeries etc. The approach of Agnikarma has been mentioned in the context of diseases like Arsha, Arbuda, Bhagandar, Sira, Snayu, Asthi, Sandhigata Vata Vikaras and Gridhrasi. Various types of Shalakra made from gold, silver, copper, bronze can be used.

10. MATRA BASTI

Panchakarma i.e. "five procedures" are described as major therapeutic modalities in Ayurveda both to maintain a state of "positive health" and manage disease condition of various aetiologies. Out of Panchkarmas, basti chikitsa is most important as it radically pacifies the morbid Vata, the sole dosha, responsible for the movements of all dosha, dhatu and mala within the body. It is called as half treatment of chikitsa which is also called as "Ardha Chikitsa". It has ability to exert multi-systemic effects and to eliminate vitiated vata dosha in significant amount. It is believed to detoxify the body. Basti is the introduction of medicated oils or herbals decoction in to the body through rectum. Although different types of aasti described in texts; Routinely "Asthapana Basti", "Anuvasana Basti" are given in cyclic manner. The Matra Basti is one of the types of Anuvasana Basti which can be administered to any individual any time.

मात्राबस्तिः स्मृतः स्नेहः शीलनीयः सदा च सः ।
बालवृद्धाध्वभारस्त्रीव्यायामासक्तचिन्तकैः ।।68 ।।
वातभग्नाबलाल्पाग्निनृपेश्वरसुखात्मभिः ।
दोषघ्नो निष्परीहारो बल्यः सृष्टमलः सुखः ।।69 ।।

Ch.si.4/67-69



Matrabasti is such a chikitsa that is applicable in all the Vatavyadhi. Sandhigatavata is a vatika disorders and vata is also control and regulator of other two dosha, dhatu, mala and also all the body activities. Therefore once vata is controlled by Matrabasti (Snehana) all these factors are automatically regulated and total body equilibrium is achieved. It doesn't manifest any Vyapada. According to Ayurvedic literature it is administered in a smallest quantity without any restricted regimen related to food and habits. It is helpful in Alpabala, Alpagni and to patients suffering from Vata Vyadhi. It acts as Balya and has Doshaghna property.

11. STHANIKA BASTI

In all types of Vatvyadhi Acharya Charaka has mentioned Snehana and Swedana as Pradhana Chikitsa and Acharya Sushruta has also mentioned Snehana and Swedana for Asthisandhigata Vata. These sthanika basti procedures are one of the dual Panchakarma therapies which have the action of both Snehana and Swedana simultaneously.

Sthanika Basti is a procedure in which comfortably warm medicated oil is kept over the Janu, kati, manya area or any adjacent part for a certain period of time with the help of a specially formed frame ring prepared from black gram powder.

To keep the oil warm hair dryers can be used.

Now days plastic moulds, sponges are available that can be used for these sthanika basti procedures.

- a. Janu Basti
- b. Kati Basti
- c. Manya Basti
- d. Pristha Basti

12. RAKTAMOKSHANA: JALAUKA, SIRAVED, CUPPING METHOD

Raktamokshana is a popular para surgical procedure in Ayurvedic system of medicine and

is time tested. Expulsion or removal of vitiated blood from the body is known as Raktamokshana.

Jalaukavacharana:

Jalauka is hydrophobes which lives in water. Water is its life. Jalaukas are Sheeta, Snigdha, Shlakshna and Madhura and Pittahara so they are used in rakta dushti associated with pitta dosha. is used in Avagadha Raktadushti .

Application of Jalauka

1. Apply the Jalauka at the site. Cover the Jalauka with white, gauze soaked in water. If Jalauka does not apply easily, put a drop of milk or blood or make a scratch at the site. If Jalauka is not sucking the blood then apply new Jalauka.
2. When Jalauka get applied and start sucking blood its head become like Ashwakhura (foot of the horse) and its shoulders (portion near face) rises.
3. Jalauka sucks Dushta Rakta first. Jalauka should be removed when itching and pain starts at the site. It is because Jalauka starts sucking shudhha rakta.
4. If Jalauka does not separate, add some Saindhava churna. Pain is due to vitiated Vata and itching is due to kleda from Jalauka.

Siravedha :

Siravyadha is one among shastra-visravana method of blood letting by puncturing appropriate indicated vein or sira. It is a kind of an invasive procedure and considered as Ayurvedic venepuncture procedure. Siravyadha has been considered as the chikitsardha according to Sushruta acharya.

Cupping Method:

It is a form of alternative medicine in which a local suction is created on the skin. Through suction, the skin is drawn into the cup by creating a vacuum in the cup placed on the skin over the targeted area. The vacuum can be created either by heating and subsequent cooling of the air in



the cup, or via a mechanical pump. The cup is usually left in place for somewhere between five and fifteen minutes. It is believed by some to help treat pain, deep scar tissues in the muscles and connective tissue, muscle knots, and swelling.

There are different types of cupping like

- 1) Dry cupping
- 2) Wet cupping
- 3) Fire cupping

In these, bloodletting is done in wet cupping only. Wet cupping can be considered as type of raktamokshana.

It can be done with limited equipment on OPD basis.

Cupping is generally safe when applied by trained professionals on people who are otherwise healthy. It is not recommended for people with health problems due to side effects.

Cupping is not recommended as a replacement for typical treatment. Cupping may result in bruising, burns, pain, and skin infection

UPKALPANAS ACCORDING TO DISEASE ABHYANGA/ MASSAGE:

Indications: Vatavyadhi, Vardhykya, Twacha vikar (skin interventions), Dhatuposhanartha

Contra Indications: Kapha pradhana roga, Ajeerna, Dosha in saamavastha, Santarpanjanya roga.

Oils used-Tila Taila, Bala taila, Sahchara taila, Dashmoola taila, Dhanvantara taila, Murivinna taila.

SHIROABHYANGA:

Indicated in Shira shoola (headache), Shira pradeshi rukshta (dryness of scalp), Shira kandu (scalp itching), Shrio rogas, Insomnia, Eye disorders like dryness of eyes, diminished vision, burning sensation in eyes, Hair fall, Dryness of hair.

Oils used: Ksheerbala taila, Chandanbala lakshadi taila, Dhanwantara taila, Coconut oil, Neembadi taila, Neelibhrungadi taila, Bala taila.

LEPKALPANA:

Lodhradi lepa: indicated in Yuvana pidika

Vatpatradi lepa: indicated in Yuvana pidika

Raktchandanadi lepa: Kantipradh

Dashang lepa: indicated in Visarpa, Shotha, Dushtha Vrana

Daha nashak lepa

Shotha nashak lepa

NASYA KARMA:

Khalitya:Palitya: Yashtimadhukadi taila ,Bhrugaraj tail,Chandanadi taila

Uttamanga Roga :Anu taila nasya

Nasa-arsha:Vyoshadi taila

Gandamala:Nirgundyadi taila

AGNI KARMA

INDICATIONS CONTRA-INDICATIONS

Calcaneal spur, hard elevated and desensitized vranas/ulcer, Granthi,Wart, Keloid Arsas, Bhagandara, Arbuda, Sleepada, Charmakeela and Antravidhi. Severe bleeding condition. Pitta Prakruti, Antah shonita (internal bleeding), Bhinna koshtha (ruptured viscera), Niruddha shalya (in presence of foreign body), Durbala (emaciated), Bala (children), Vriddha (old aged), Bheeru (coward), Aneka vrana peedita (with multiple wounds)

MATRA BASTI

Mala-avrodh: Til tail (60ml)+saindhav, Erand sneha+saindhav,Sahacahar tail(60ml)

Pravahika: Shatavari Ghrut(30ml),Narayan tail(60ml)

Rakta-arsha : Jatyadi tail(60ml)

Kashtartav (Dysmenorrhoea):Shatpushpa taila (60ml), Hingvadi taila (60ml)

Vatvyadhi, Sandhigata vata : Devdarubaladi tail(60ml), Sahacahar taila (60ml), Dashmool taila

STHANIKABASTI

- a. Janu Basti-Indicated in Osteoarthritis of knee joints, early degeneration in knee joint, Knee



injuries, Internal derangement of knee joint. Contraindications- Fractures, dislocations, infections, loss of sensation.

- b. Kati Basti- Used in Lumbar spondylosis , Painful low back region, Disc prolapsed , Ankylosing spondylosis, Neurological disorders, Degenerative spine changes, Compressed discs, Osteoporosis, Sciatica.
- c. Manya Basti: Used in Cervical spondylosis, Neck pain due to bad posture, Sprains-strains
- d. Prustha Basti: Used for Ankylosing spondylosis, Spinal stenosis.

SIRAVED

Siravyadha is indicated i.e. conditions where raktamokshana is indicated even then, in certain diseases siravyadha has edge over other methods of raktamokshana and the same is elaborated here. Raktamokshana by the method of siravyadha is preferred in physically strong as well as courageous people. If Dushti of rakta dhatu is generalized, best treatment is by the siravyadha method. In generalized rakta vitiation siravyadh is done.

DISCUSSION

Acharya Sushrut mentions Agnikarma as superior most than other therapeutic procedures as it gives instant relief in pain. In the field of cosmetic therapy, Agni Karma procedure can be applied very effectively & safely. Its procedures are simple is very convenient & economical.

There is no satisfactory, comprehensive and time bound treatment schedule for the management of vata vyadhi in present era, whereas such type of conditions can be better treated by management and procedures mentioned in Ayurvedic classics. Janu basti, Kati Basti, Manya basti gives significant results in knee joint pain, lumbar pain, and cervical pain respectively. Also help to relieves pain and stiffness in the knee joint, relieves swelling and inflammation in the knee joint, brings lightness

and a sense of health in the lower limbs, improves movements and enable us to move and work freely, Strengthens the low back (bones, muscles and soft tissues therein), Soothes the nerves supplying the legs (lower limbs).

CONCLUSION

If medicinal treatment does not give better results, surgical and para surgical procedures gives good results. Vagbhata has elaborated in his texts that pain can be managed by Raktamokshana i.e. removing infected blood. Several other surgical procedures such as Chedana (excision), Agni Karma (cautery), etc., have been elaborated in Ayurveda to treat severe types of pain and stiffness.

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EXPLORING OBESITY THROUGH AYURVEDA W.S.R TO STHOLYA : A LITERARY REVIEW

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ABSTRACT

Obesity occurs over time due to more consumption of more calories. The balance between calories-in and calories-out differs for each person. Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Body Mass Index (BMI) is used as a screening tool for overweight or obesity. Treatments include lifestyle changes, such as healthy eating and increased physical activity, and Food and Drug Administration (FDA)-approved weight-loss medicines. For some people, surgery may be a treatment option. Acharya Charaka described obesity as Atistholyata in santarpanajanya vyadhis (diseases) i.e diseases due to over nourishment. As per Acharya Sushruta stholya is a rasaja vikara whereas Acharya Charaka described it as a medo dhatu dushti vikara, but the prime factor in both of these views is Agnimandya, which further leads to Dhatvagnimandya at both Rasa dhatu and Medodhatu level.

Key Words :

Obesity, medoroga, stholyata, srotorodha, dhatvagnimandya.

INTRODUCTION

Obesity means having too much body fat. It is different from being overweight, which means

weighing too much. The weight may come from muscle, bone, fat, and/or body water. Both terms mean that a person's weight is greater than what's considered healthy for his or her height. Obesity occurs over time when due to more calories than use. The balance between calories-in and calories-out differs for each person. Factors that might affect weight include genetic makeup, overeating, eating high-fat foods, and not being physically active. Being obese increases risk of diabetes, heart disease, stroke, arthritis, and some cancers¹.

Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Body Mass Index, or BMI, is used as a screening tool for overweight or obesity. Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters.

BMI	Weight status
Below 18.5	Underweight
18.5-24.9	Normal
25.0-29.9	Overweight
30.0-34.9	Obese (Class I)
35.0-39.9	Obese (Class II)
40.0 and higher	Extreme obesity (Class III)

For most people, BMI provides a reasonable estimate of body fat. However, BMI doesn't

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directly measure body fat, so some people, such as muscular athletes, may have a BMI in the obese category even though they don't have excess body fat Key facts.

- Worldwide obesity has more than doubled since 1980.
- In 2014, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 600 million were obese.
- 39% of adults aged 18 years and over were overweight in 2014, and 13% were obese.
- Most of the world's population live in countries where overweight and obesity kills more people than underweight.
- 41 million children under the age of 5 were overweight or obese in 2014.
- Obesity is preventable.

DISCUSSION

Overweight and obesity are increasingly common conditions in the United States. They are caused by the increase in the size and the amount of fat cells in the body. Body mass index (BMI) and waist circumference are used as tools to screen and diagnose overweight and obesity. Obesity is a serious medical condition that can cause complications such as metabolic syndrome, high blood pressure, atherosclerosis, heart disease, diabetes, high blood cholesterol, cancers and sleep disorders. Treatment depends on the cause and severity of the condition and whether associated with the complications. Treatments include lifestyle changes, such as healthy eating and increased physical activity, and Food and Drug Administration (FDA)-approved weight-loss medicines. For some people, surgery may be a treatment option³.

In Charak Samhita, Acharya Charaka has mentioned the features of good physical health (Ideal person). According to Acharya Charaka a person having Sama Mamsapramana – proportionate musculature, Sama Samhana – compactness of the body, Drudaindriya – strong sensory and motor, Cannot be overcome by the onslaught of diseases, Kshut Pipasa Atapa saha – ability to stand hunger, thirst, the heat of the sun, Sheeta Vyayama Samsaha – ability to stand cold and physical exercises, Samapakta, Samajara – ability to digest and assimilate food easily, Sama Mamsa Upachaya – good muscular body is said to be in a good healthy state.

First of all, Acharya Charaka has described obesity as Atistholyata in santarpanjanya vyadhis (diseases) i.e. diseases due to over nourishment. While describing he told the causes of santarpanjanya vyadhis due to intake of excessive nutritious diet and sedentary life style, taking more quantity of foods which are unctuous (fatty), sweet, hard for digestion and slimy, use of fresh grains and fresh wine, meat of animals of marshy lands and living in water, milk and its products, food made from jaggery and corn flour, disliking or not doing physical activities, sleeping in day time, taking comfort bed and seats may get affected by the diseases caused by over nutrition like obesity.

While describing the definition of Purusha Acharya Charaka said that srotasam evasamudayam purushamichchanti i.e. group of srotas is called purusha. Srotas are the channels to provide nutrition from the aahara (food) to different dhatus (tissues) and dhatvagni (enzymes responsible for the metabolic processes taking place in particular tissue).

Formation of dhatus in the body takes place in a consecutive manner continuously. There is



a sequence of seven dhatus i.e rasa, rakta, mansa, meda, asthi, majja, shukra. Previous dhatu regenerates and gives nutrition to the next level dhatu. Thus previous dhatu plays a vital role in the formation of next dhatu. This process takes place constantly. In the process of formation, destruction, and recreation dhatus are fed with the appropriate materials derived from the nutrient substances. Nutrients or annarasa reaches to the dhatus via srotas (channels) and with the help of dhatvagni annarasa is assimilated. If one dhatu is not formed in a healthy manner, the dhatu that will come after that particular dhatu will also not be healthy. These seven dhatus remain inside the body in a proper quantity and quality and thus promote the growth and support to the body. Any disturbance in their quantity or quality may cause various disorders.

The lipids as described in modern science closely resembles that of meda dhatu. This is fat or adipose tissue of the body. Its function is to lubricate the body. Unctuousness in complexion is the feature of normal Medadhatu. Under normal conditions the body fat keeps the body moisturized, promotes sweating, provides energy to the body, nourishes the bones, helps in heat insulation, absorption of shock, storage of energy etc. Excess of meda dhatu makes person fatty and causes obesity.

Acharya Charaka has described atistholyata as medo dhatudushti lakshana. Obstruction in srotas (micro channels) due to apakva anna rasa or Amarasa leads to dhatudushti (abnormal tissues) and dhatvagnimandya (disturbed enzymes for metabolic processes) producing morbid state of the body. As per Ayurveda dushti or vitiation of medovahasrotasa, medodhatu and medodhatvagnimandya leads to stholyata. Medo dhatudushti can occur due to dushti at its own level or by the dushti of previous dhatu.

Dominance of dhatu in a person depends upon the type of aahara (diet/food), vihara (life style)

As per Acharya Madhava when a person takes kapha vardhaka aahara, not does exercises, excessively sleeps during daytime excessive medadhatu is formed in the body due to sweetness and unctuousness in the annarasa (produced after metabolism of food). Excessive medadhatu causes srotorodha (obstruction in the channels) hampering the nutrition of other dhatus too. So, the person is not able to do any work, gets exhausted very easily. As the place of medadhatu is small bones and udara so collection of medadhatu (adipose tissues / fatty tissue) mostly occurs over the abdomen area.

Further Acharya Madhava stated that due to excessive meda (obesity), there is vitiation of vatadi doshas leading to the life threatening complications.

As per Acharya Sushruta stholya is a rasajavikara whereas Acharya Charaka described it as a medo dhatudushti vikara, but the prime factor in both of these views is Agnimandya, which further leads to Dhatvagnimandya at both Rasadhatu and Medodhatu level.

Acharya Charaka has also described eight kinds of men who are undesirable nature in respect of their body (Physique). They are called as Ashtonindatiyapurusha (eight undesirable persons). These are Atidirgha (excessive tall person), Atihrasva (excessive short person), Atiloma (Excessive body hairs), Aloma (absence of body hairs), Atikrishna (excessive black colored person), Atigour (excessive white or fair colored person), Atisthula (excessive obese person), Atikrishna (excessive thin person or emaciated persons). As per Acharya Charaka Atistholya purusha is not able to tolerate any type of physical exercise, over saturation, hunger, thirst, diseases and drugs¹.

As per Acharya Charaka Causes of Atistholya are- Divaswapna - sleeping during day time for long time, Avyayama - lack of physical



exercises or activities, Aavyavaya - abstinence from sexual intercourse, Shleshmal Ahara Sevana - excessive intake of Ahara which increases Kapha Dosha, Shleshma Vardhaka Vihara Sevana- Sedentary life styles, which cause an increase in the Kapha Dosha, Atisampurana or Atibhojana - excessive intake of foods, which are heavy for digestion, such as consuming sweet, cold and unctuous (fatty) foods, Harshanitya - enjoying happiness always, Achintana- not thinking or worrying about anything, Bijaswabhabha - heredity or genetic abnormalities.

As per Acharya Charaka consequences of Atistholyapurusha (obese) are Ayushorhasa (reduced lifespan), Javoparodha (early onset of senility), Krichyavyavayita (find difficulty to perform sex) Daurbalya (debility or general weakness), Daurgandhya (foul smell of body), Swedabadha, Ati-trishna (increased thirst), Atikshudha (increased appetite).

As per the modern science causes of obesity¹¹ are-

Genetics— A person is more likely to develop obesity if one or both parents are obese. Genetics also affect hormones involved in fat regulation. For example, one genetic cause of obesity is leptin deficiency. Leptin is a hormone produced in fat cells and also in the placenta. Leptin controls weight by signaling the brain to eat less when body fat stores are too high. If, for some reason, the body cannot produce enough leptin or leptin cannot signal the brain to eat less, this control is lost, and obesity occurs. The role of leptin replacement as a treatment for obesity is currently being explored.

Overeating—Overeating leads to weight gain, especially if the diet is high in fat. Foods high in fat or sugar (for example, fast food, fried food, and sweets) have high energy density (foods that have a lot of calories in a small amount of food). Epidemiologic studies have shown that diets high in fat contribute to weight gain.

A diet high in simple carbohydrates—

The role of carbohydrates in weight gain is not clear. Carbohydrates increase blood glucose levels, which in turn stimulate insulin release by the pancreas, and insulin promotes the growth of fat tissue and can cause weight gain. Some scientists believe that simple carbohydrates (sugars, fructose, desserts, soft drinks, beer, wine, etc.) contribute to weight gain because they are more rapidly absorbed into the bloodstream than complex carbohydrates (pasta, brown rice, grains, vegetables, raw fruits, etc.) and thus cause a more pronounced insulin release after meals than complex carbohydrates. This higher insulin release, some scientists believe, contributes to weight gain.

Frequency of eating— The relationship between frequency of eating (how often we eat) and weight is somewhat controversial. There are many reports of overweight people eating less often than people with normal weight. Scientists have observed that people who eat small meals four or five times daily, have lower cholesterol levels and lower and/or more stable blood sugar levels than people who eat less frequently (two or three large meals daily). One possible explanation is that small frequent meals produce stable insulin levels, whereas large meals cause large spikes of insulin after meals.

Physical inactivity— Sedentary people burn fewer calories than people who are active. The National Health and Nutrition Examination Survey (NHANES) showed that physical inactivity was strongly correlated with weight gain in both sexes.

Medications— Medications associated with weight gain include certain antidepressants (medications used in treating depression), anticonvulsants (medications used in controlling seizures such as carbamazepine and valproate some diabetes medications such as insulin, sulfonylureas, and thiazolidinediones),



certain hormones such as oral contraceptives, and most corticosteroids such as prednisone.

Psychological factors— For some people, emotions influence eating habits. Many people eat excessively in response to emotions such as boredom, sadness, stress, or anger. While most overweight people have no more psychological disturbances than normal weight people, about 30% of the people who seek treatment for serious weight problems have difficulties with binge eating.

Diseases- Diseases such as hypothyroidism, insulin resistance, polycystic ovary syndrome, and Cushing's syndrome are also contributors to obesity.

Several genetic syndromes are associated with overweight and obesity, including the following.

- Prader-Willi syndrome
- Bardet-Biedl syndrome
- Alström syndrome
- Cohen syndrome

Social issues— A link between social issues and obesity has been established. Lack of money to purchase healthy foods or lack of safe places to walk or exercise can increase the risk of obesity.

Being obese can raise blood cholesterol and triglyceride levels, lower "good" HDL cholesterol. HDL cholesterol is linked with lower heart disease and stroke risk, so low LDL tends to raise the risk. Obesity can increase blood pressure. Obesity can induce diabetes. In some people, diabetes makes other risk factors much worse. The danger of heart attack is especially high for these people.

Obesity increases the risk for heart disease and stroke. But it harms more than just the heart and blood vessel system. It's also a major cause of gallstones, osteoarthritis and respiratory problems.

Modern Management :

Commonly prescribed weight- loss medications include orlistat, lorcaserin, phentermine and topiramate, bupropion and naltrexone and liraglutide. But these have their own side effects like bowel urgency, frequent bowel movements, oily evacuation, oily rectal leakage, steatorrhea, and flatulence with discharge, fecal incontinence¹³.

In some cases, weight-loss surgery, also called bariatric surgery, is an option but it can pose serious risks. Liposuction is another surgical method but soon the patient again gains the weight.

Ayurvedic Management :

As per Ayurveda line of treatment of obesity is guru ahara (foods which are heavy for digestion) and aptarpana ahara (which make the body thin).

First of all Nidana parivarjana (avoidance of causative factors) should be done. Diet and life style of the obese person should be corrected. In Ayurveda there are two modes of therapy : Shamana and Samshodhana.

Shaman therapy includes langhana and rukshan af or stholya (obesity). Shaman chikitsa of obesity as told by Acharya Charaka is— taking Diets and drinks that alleviate Vata and Kapha Dosha and which can reduce fat, intake of Guduchi (*Tinospora cordifolia*), Musta (*Cyperus rotundus*), Triphala [Haritaki (*Terminalia chebula* Linn.), Bibhitaki (*Terminalia belerica* Roxb.) and Amalaka (*Emblica officinalis* Gaertn.)], Administration of Takrarista— buttermilk, fermented with spices, Administration of honey, Intake of Vidanga (*Embelia ribes* Burm f.), Nagara (ginger), Yavaksara (Kshara prepared from Barley), Loha Bhasma with honey and powder of Yava – barley and Amla, Administration of honey along with decoction of Bilvapanchamula Administration of Silajatu



(asphaltum / mineral pitch) , Administration of the juice of Agnimantha (Clerodendrum phlomidis Linn. f.)

Intake of Prashatika (Setaria italica Beauv.), Priyangu (Callicara macrophylla), Shyamaka (Echinochloa frumentacea Linn.), Yavaka (small variety of barley), Yava – Barley, Jurnahva (Sorghum vulgare Pers.), Kodrava (Paspalum scrobiculatum Linn.), Mudga (green gram), Kulattha (horse gram), Chakramudgaka (?), seeds of Adhaki (Cajanus cajan Millsp.) along with Patola (Trichosanthes cucumerina Linn.) and Amalaki (Indian gooseberry) as food, Madhudhaka – combination of honey and water, Alcoholic preparations that help to reduce fat, muscle and Kapha may be used as after-food-drinks , avoiding sleeping during day time, doing physical and mental exercises¹ .

Sanshodhana therapy -Abhyantara sanshodhana includes vamana, virechana, Rooksha, Ushna Teekshna Basti (Enema with drugs that are sharp, ununctuous and hot), depending upon the condition of doshas and person. Vamana drugs are having tikshna, sukshma, vyavayi, vikashi, sara and urdhvabhagahara prabhava by which the drugs act upon the excessive kapha, meda, kleda lodged in the srotas and removes out the toxins through oral route. Virechana expels morbid material from the body through anus. So both the shodhana procedures releases the srotorodha (obstruction in microchannels) and thus correcting theagni at gross level as well as dhatu level. Swedana is mandatory prior to any shodhana therapy. Swedana by itsushna, tikshna, drava, snigdha, sthira, guru properties liquefies the morbid materials in the minute channels in the body which has undergone properly oleation therapy and then by its circulatory effects help them to come into the concerned koshtha.

Lekhaniya vasti by virtue of its ushna tikshna properties helps in scrapping the excess meda (adipose tissue/fat) from the body.

Bahya sanshodhana : It includes Rooksha Udvartana (powder massage with herbs having dry quality). Udvartana helps in increasing the circulation over the particular area , helps in scrapping the excess fat. e.g. is shaileyadiudvartana¹.

Formulations that can be used in stholya are chavyadishaktu, vyoshadishaktu, vidangadichurna, loharasayana, navakagugulu, tryaushnadyamaloham, vidangadiloha, amritadyaguggulu, loharishta.

CONCLUSION

Obesity is one of the leading cause of many life threatening diseases like CAD , Stroke , hypertension , Myocardial infarction , diabetes Mellitus. It makes the person not only physical ill but also mentally ill. Obese person is under depression because of his physical appearance/ personality.

Gradually the weight increases so much that the person feels difficulty in doing his daily activities, gets exhausted very easily , increased sweating , not able to climb the staircase because of his heavy weight. The person may get affected by osteoarthritis. Finally he/she can become disabled and reaches into a state of morbid obesity.

However ancient scholars have showed us the path of living (describing dinacharya , ritucharya, sadvrutta and pathyaaahara and vihara). At the time of Acharya Charaka and Sushruta incidences of obesity were less that is why a separate chapter has not been described by them. As the civilization progressed and the people started doing apathyaaahara, vihara the



cases of medoro (obesity) became noticeable. Acharyas of later era described medoroga in a separate chapter on disease entity.

The ancient scholars have scientifically described the etiopathogenesis of medoroga (obesity). Ayurveda can combat with this slow and serious killer disease by following its principles & guideline of living.

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A CONCEPTUAL STUDY OF AYURVEDIYA DHUMAPANA VIDHI

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ABSTRACT:

Among various methods of health preservation and promotion, dhumapana is one of the important procedures of dinacharya mentioned in ayurvediya texts. It is a medicated smoking for cleansing the kapha and mala of urdhva Jatua gata disorders. Civilizations are always prone to changes. During these changes, many people adopted the unhealthy practice of dhumapana i.e. tobacco smoking. Cigarette smoking is one of the most widespread types of tobacco use all over the world. Taking into consideration the various types of dhumapana, indications, contra-indications, time of administration, dose, duration, right method of administration and herbs used for dhumapana are mentioned in ayurveda. This article focuses on how the judicious use of ayurvediya dhumapana vidhi leads to health promotion rather than treatment of diseases

Keywords : Ayurveda, Dhumapana, Medicated smoking

INTRODUCTION:

Health is one of the most important aspects of human survival. The concept of health promotion is as old as the civilization itself. Ayurveda is the oldest science which deals with all the issues related to health. Various methods of healthy life and longevity are mentioned in ayurvediya texts e.g. dinacharya, ritucharya, aharavidhi, sadvrittapalana and achararasayana, dharaniya-adharaniya vega etc.

Dinacharya includes the routine right from rising in the morning till sleeping at the night.

Dhumapanais one of the procedures of dinacharya mentioned in ayurvediya texts. It is actually medicated smoking for cleansing the kaphaand mala of various organs of head and neck in the body. Dhumapana that is advised to be used daily for health promotion and protection of our body is called prayogika dhumapana. There are many more types of dhumapana used therapeutically for various disorders viz. snaihika and vairechanika dhumapana.

Tobacco use has emerged as a major health and social problem all over the world. Cigarette smoking is one of the most widespread types of tobacco use all over the world. It is also one of the most potent and prevalent addictive habits, which has been influencing human behavior for more than four centuries. It is now rapidly increasing throughout the developing world and causing a huge number of untimely deaths. According to the estimation of researches, the cigarette smoke contains 7,357 chemical compounds of different classes. Smoking harms nearly every bodily organ and organ system and affects overall health of a person. It is a leading cause of cancer and deaths from cancer. It is also a cause of heart diseases, COPD, osteoporosis, RA etc. On contrary to cigarette smoking, ayurvediya dhumapana has been considered as healthy practice in classics, being preventive in many diseases.

Dhumapana is a Sanskrita word consisting of two words dhuma meaning smoke and pana meaning drinking, or figuratively, intake. It is formed by shashthitapurushasamasa. Therefore,

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the term dhumapana as a whole means intake of smoke, or, in general, smoking.

It has been mentioned after anjana under dinacharya, in order to prevent urdhwajatru kapha-vatajanya disorders and to alleviate the already existing disorders as well.

Historical Review:

Smoking in India has been known since at least 1000 BC when acharya Agnivesha created Charaka Samhita. Fumigation (dhupa) and fire offerings (homa) are prescribed in the ayurveda for medical purposes and have been practiced for thousands of years. Dhuma, the active inhalation of smoke generated by burning smoking mixtures in a pipe, has a direct and profound impact on the individual. Dhumapana is akin to the modern practice of smoking. Tobacco was introduced to India in the 17th century. It later merged with the existing practices of smoking (mostly of cannabis).

The practice of inhaling smoke was employed as a remedy for many different ailments and was not limited to just cannabis, but also various plants and medicinal concoctions were recommended to promote general health. Before modern times, smoking was done with pipes with stems of various lengths, or chillums.

Today, dhumapana has been replaced almost entirely by cigarette smoking, but both dhupa and homa are still practiced. Beedi, a type of hand rolled herbal cigarette consisting of cloves, ground betel nut and a rather low proportion of tobacco is a modern descendant of the historical

dhumapana. In recent times, ayurvediya smoking has begun to show signs of resurgence in the form of herbal cigarettes, which is a far cry from the original classical method.

Ayurvediya Dhumapana:

Prayogiki cha nityapeyadhumaavartisyangya² Prayogika dhumpana is the type of dhumapana which samhitas have advised to use as a part of dinacharya (daily regime).

Prayogika dhuma inhalation should be done twice in 24 hours,³ inhaled especially through nose,⁴ done in three rounds, each round consisting of three apana. The term apana consists of akshepa (inhaling/sucking) and visarga (exhaling/expelling out).⁵

SharangadharaSamhita gives a range of 12-80 years for dhumapana.⁶ Available contents of Eladigana(except Tagaraand Kushtha) mentioned in SushrutaSamhita(Ela, Maamsi, Dhyamaka, Tvak, Patra, Nagapushpa, Priyangu, Harenuka, Vyaghranakha, Shukti, Chanda, Sthauneyaka, Shrivesthaka, Choca, Choraka, Valuka, Guggulu, Sarjarasa, Turushka, Kundaru, Aguru, Sprikka, Ushira, Bhadradaru, Kunkuma, Punnagakeshara)^{7,8} can be used to make prayogikadhumaavarti.

Dhuma is advised to be inhaled at specific times during the day, which are listed under the term dhumapanakala. Different kalas have been mentioned in various classics of ayurveda.

Method of administration of dhumapana:

The person fit for the procedure should be made to sit at ease keeping his body erect and

Kala for prayogika dhumapana

After bath	After food	After vomiting
After sneeze	After cleaning teeth	After <i>nasya</i>
After <i>anjana</i>	After sleep	After <i>shastrakarma</i>



Contra-indications-

<i>Pinasa</i>	<i>Karnashula</i>	<i>Akshishula</i>	<i>Shiroroga</i>	<i>Svarabheda</i>
<i>Kasa</i>	<i>Shvasa</i>	<i>Arocaka</i>	<i>Kshavathu</i>	<i>Mukhapanduta</i>
<i>Hanugraha</i>	<i>Manyagraha</i>	<i>Kandu</i>	<i>Krimiroga</i>	<i>Atitandra</i>
<i>Atinidrata</i>	<i>Asyopalepa</i>	<i>Kratha</i>	<i>Mukhasrava</i>	<i>Vamathu</i>

Method of administration of *dhumapana*:

<i>Virikta</i>	<i>Bastikrit</i>	<i>Raktapitta</i>	<i>Visharta</i>
<i>Shokarta</i>	<i>Garbhini</i>	<i>Shrama</i>	<i>Mada</i>
<i>Prajagarita</i>	<i>Moorccha</i>	<i>Ksheena</i>	<i>Kshata</i>
<i>Talushosha</i>	<i>Timira</i>	<i>Shirasyabhihata</i>	<i>Prameha</i>
<i>Panduroga</i>	<i>Daha</i>	<i>Chardi</i>	<i>Udgara</i>
<i>Apatarpita</i>	<i>Udara</i>	<i>Adhmana</i>	<i>Urdhvavata</i>
<i>Bhaya</i>	<i>Pipasa</i>	<i>Kruddha</i>	<i>Ruksha</i>
<i>Baalaka</i>	<i>Vridha</i>	<i>Durbala</i>	<i>Alpakapha</i>
<i>Ushne</i>	After intake of <i>Matsya/Madya/Dugdha/Sneha/Madhu/Dadhi/Yavagu</i>		

looking straight. His mind should be focused on the therapy. The patient should be well informed regarding the procedure so that he is free of skepticism.

The *dhumavarti* should be properly smeared/dipped in *snehadravya* and should be kept over *dhumanetra* and ignited. *Dhumapana* should be done first with mouth and then alternatively through each nostril. Irrespective of the route of

inhalation, *dhuma* should be exhaled only through the mouth; *dhuma* exhaled through the nostrils may cause vision impairments.

Signs of appropriate inhalation:^{9,10}

Complete elimination of the vitiated *kapha* in the chest, throat and head regions. The individual relatively experiences a feeling of lightness in the head, throat and thoracic regions and acquires



acuteness of the sense faculties. Alleviation of doshas and hence occurrence of diseases.

Signs of excessive inhalation:^{11,12}

The palate, head and throat become dry and a burning sensation is experienced there. The person perceives increase in thirst and may even bleed profusely through the nose or the mouth. Giddiness, tinnitus, diseases of the eyes and nose might also appear; sometimes the individual may also become unconscious. Sensory perceptions may not be proper. Pitta predominant diseases tend to occur.

Signs of inappropriate administration of dhuma:^{13,14}

Exacerbation of diseases due to increase in doshas occurs. Voice is unclear, the throat will remain obstructed with kapha and heaviness is experienced in the head. There is no improvement or recovery from the disease for which dhumapana was administered.

Complications of akala and atidhumapana:¹⁵

If dhumapana is conducted at inappropriate time or if administered in excess, it results in deafness, blindness, dumbness, rakta pitta and giddiness.

Management of the complications:¹⁶

In these conditions, if vata dosha is aggravated and associated with pitta dosha, ghrita prepared with snigdha drugs should be given orally, through nasal route and may also be applied externally to the eyes (anjana), tarpana can also be done if necessary. If rakta and pitta are vitiated, ghrita processed with sheeta drugs should be administered orally, tarpana and anjana can also be performed. If kapha and pitta are vitiated, ghrita prepared with ruksha drugs should be administered orally.

CONCLUSION:

Clearly, the smoking practice prevailing in ancient India was to preserve and promote healthy state and also to prevent and treat the ailments. But, the use of tobacco for smoking became popular as a symbolic act, for relieving the stress and as a mood elevator. The practice used for the stated reasons later led to users getting addicted to smoking. It has been recognized that cigarette smoking is primarily a manifestation of nicotine addiction.

Administration of the smoke of medicinal herbs and minerals through inhalation in a specially told methodology, for the prevention of the kapha and vata diseases of head and neck region and their remedial, if already affected, is called dhumapana. This is a dose defined procedure, i.e. prayogikadhuma needs to be inhaled only twice in 24 hours, and maximum 9 puffs are to be taken. Also, dhumanetra is 36 angula or more in length and has to have three kosha (curved bulges) through its length which lessen the velocity of smoke and might dilute its intensity. Therefore, judicious use of ayurvediya dhumapana vidhi leads to health promotion rather than diseases as in conventional smoking.

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SHEETPITTA (URTICARIA) IN AYURVEDA

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ABSTRACT :

Vata and kapha are two “Doshas” which are primarily disturbed in this disease. In the combination with Pitta they create redness, swelling, and itching on the skin. Acute urticaria is associated with more Diffuse swelling of lips, face, throat and is spread all over the body. The etiology, pathogenesis and management of urticaria are vague in modern medicine. Based on diathesis of disease, it can be correlated with sheetapitta of Ayurveda, where elaborately described the external and internal medicaments for its management. In this article an attempt is made to put modern & Ayurvedic views points related to urticaria.

Key words : Ayurveda, Sheetapitta, Urticaria, Autoimmune disorder.

INTRODUCTION :

Urticaria is a type I hypersensitivity reaction which is manifested because of exposure to such allergens. Epidemiology of Urticaria is increasing now a days due to Industrialization and Agriculture.

Autoimmune urticaria:

Over half of all cases of chronic idiopathic urticaria are the result of an autoimmune trigger. Roughly 50% of patients with chronic urticaria spontaneously develop autoantibodies directed at the receptor Fc ϵ R1 located on skin mast cells. Chronic stimulation of this receptor leads to chronic hives. Patients often have other autoimmune conditions, such as autoimmune thyroiditis, celiac disease, type 1 diabetes,

rheumatoid arthritis, Sjögren’s syndrome or systemic lupus erythematosus.

Infections:

Hive-like rashes commonly accompany viral illnesses, such as the common cold. They usually appear three to five days after the cold has started, and may even appear a few days after the cold has resolved.

Nonallergic urticaria:

Mechanisms other than allergen-antibody interactions are known to cause histamine release from mast cells. Many drugs, for example morphine, can induce direct histamine release not involving any immunoglobulin molecule.

Also, a diverse group of signaling substances, called neuropeptides, have been found to be involved in emotionally induced urticaria. Dominantly inherited cutaneous and neurocutaneous porphyrias (porphyria cutanea tarda, hereditary coproporphyria, variegate porphyria and erythropoietic protoporphyria) have been associated with solar urticaria. The occurrence of drug-induced solar urticaria may be associated with porphyrias. This may be caused by IgG binding, not IgE.

Dietary histamine poisoning:

This is termed scombroid food poisoning. Ingestion of free histamine released by bacterial decay in fish flesh may result in a rapid-onset, allergic-type symptom complex which includes urticaria. However, the urticaria produced by scombroid is reported not to include wheals.

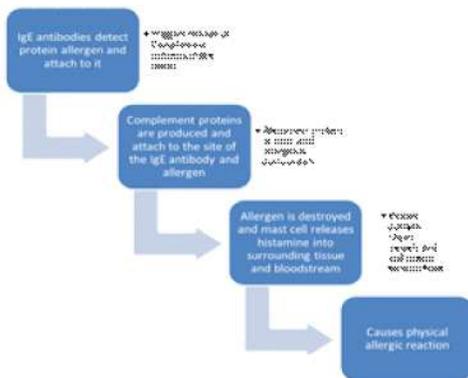
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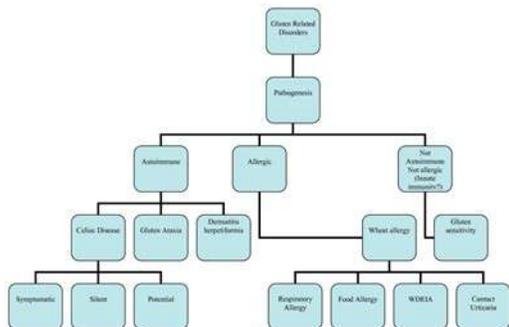
Stress and chronic idiopathic urticaria:

Chronic idiopathic urticaria has been anecdotally linked to stress since the 1940s.

A large body of evidence demonstrates an association between this condition and both poor emotional well-being and reduced health-related quality of life. A link between stress and this condition has also been shown. A recent study has demonstrated an association between stressful life events (e.g. bereavement, divorce, etc.) and chronic idiopathic urticaria and also an association between post-traumatic stress and chronic idiopathic urticaria.



Urticaria is a vasular reaction of the skin characterised by a sudden general eruption of pale Sign and symptoms of urticaria resembles with Kotha ,Uarda ,sheetapitta.



Kotha is one of the symptoms mentioned by our Acharyas when body exposed to Asatmyaja Ahara and Vihara e.g. contact with poisonous material and Sheeta vayu etc. Our Ancient Acharyas has mentioned several classical Ayurvedic formulations for the cure of urticaria.

Ayurveda provides us with detailed information about toxins, their management and methods of purging these poisons out of the body. Ayurvedic herbo mineral preparations restores healthy skin and cure urticaria by establishing the equilibrium of Tridoshas (Vata, Pitta, Kapha) and Sapt dhatus (body tissue).

Causative factors:-

1. Excess intake of lavana and katu rasatmaka food.
2. Consumption of large amount of arnala & shukta.
3. Exposure to cold wind (sheeta maruta samsparsha).
4. Contact of cold substances.
5. Day sleep(Diwaswapna)
6. Improper emesis(asamyaka vamana).
7. Insect bite & Krimi samsarga etc.

Pathophysiology(Origin of the disease):-

Due to the above said factors, importantly, exposures to cold breeze, vata and kapha doshas are aggravated and in turn they are mixed up with pitta doshas. Further, they spread all over body and lodge in the external surface of the body(beneath the skin) and produce reddish rashes with intense itching and pricking sensation. Thus, the condition sheetapitta, resembling with the features of Urticarial rashes as manifested.

Clinical features:-

1. The skin marks resembling the bite of nettle sting (varatidamshtva vatashotha).



2. Itching(kandu)
3. Pricking sensation(toda).
4. Nausea and vomiting(chardi,hrillasa).
5. Fever(jwara).
6. Burning sensation(vidaha).

Line of treatment:-

1. Body purificatory therapy(samshodhana).
2. Oral medications(shamanoushada).
3. Avoidance of causative factors (nidana parivarjana).

Oil massage:-

1. Applications of mutard oil all over the body.
2. Yavakshara and saindhava lavana mixed with mustard oil applications.
3. Medicated oil prepared by the drugs of Eladigana.

External applications of medicated paste:-

1. Paste of Doorva (Cynodon dactylon) and Haridra (Curcuma longa)
2. Fine paste of saindhava (rock salt), Kustha(saussaria lappa) and ghee.

According to the dosha dominance, Vamana (emesis), virechana(purgation) or rakta mokshana (blood letting) are carried with suitable medications.

Single herbs recommended in Urticarial rashes:-

1. Guduchi-Tinospora cardifolia.
2. Nimba- Azadirachta indica.
3. Haridra- Cucuma longa.
4. Yashtimadhu - Glycyrrhiza glabra .
5. Durva- Cynodon dactylon
6. Gambhari – Gmelina arborea Roxb.

7. Agnimantha – Clerodendrum phlomidis Linn.
8. Amalaki – Emblica officinalis Gaerth.
9. Parnayavani – Coleus amboinicus Lour.

Formulations:-

1. Amritadi kashaya
2. Amrita rajanyadi kashaya.
3. Triphala churna
4. Haridra khanda
5. Ardraka khanda
6. Brihat haridra khanda
7. Talakeshwara rasa
8. Poornabhra rasa
9. Manikya rasa
10. Vatavidhwamsa rasa
11. Sarvatobhadra rasa
12. Sootashekhar rasa

Wholesome Diet and habits for Urticarial rashes (sheetapitta):-

1. Older rice (Purana shali)
2. Green gram (Mudga)
3. Horsegram (Kulatha)
4. Bittergourd (Karavellaka).
5. Pomegranate (Dadima)
6. Gooseberry (Amalaki)
7. Warm water

Unwholesome diet and habits for Urticaria rashes:-

1. Milk and milk products (kshira vikara)
2. Fish (Matsya)
3. Sugar and its derivatives
4. Alcohol(Madya)
5. Suppression of vomiting(vamana rodha)
6. Cold water(sheetal jala)



7. Exposure to breeze (sheetal vayu sevana) etc.

Home remedies for Urticaria :

- Salt : About 12 grams of salt should be dissolved in water and taken by patient. The throat should be tickled to induce vomiting. This will help in curing eruption.
- Rose water and vinegar : When there is a severe itching on the eruption, about 35 ml rose water mix with 25 ml of vinegar and applied locally to the affected area. This will give immediate relief.
- Mint : 7 gm of mint and 25 gm of sugar should be boiled together in about 175 ml of water and drunk. This will relieve the itching.
- Turmeric : Patient should take 2 tsp of turmeric powder mixed with a cup of water daily.
- Rauwolfia : 1 gm of powdered root can be taken with a cup of water daily. 3 gm of root powder of Arni should be taken with 12 gm of pure ghee twice daily. For local application, prepare a paste from turmeric, seeds of chakramarda and sesame, kooth and massage over the affected portions. Once or twice a day.
- Application of calamine lotion is workable up to certain extent in Urticaria.
- Take a tub, filled 1/2 with luke warm water and add 1/2 cup of corn starch with 1/2 cup of baking soda. A person suffering from urticaria will have to soak the body in to this at least once a day.
- Use the pulp of Aloe or a cream containing Aloe on the affected area. One can have nattle tea. Add honey or lemon for flavor.
- Nattle are considered having property to heal urticaria.

First pitta gets aggravated by Katu, alma, lavana, vidahi annapaana (today most people use this type of junk food). The pitta becomes sita (cold) in skin due to cold weather of air conditioned rooms (sit marut sansparshat as said in books). Now if destroy the samprapti just reverse the process as samprapti is USNA ahar SHITA vihar. Apply SHITA ahar USHNA vihar as treatment. This is the rule a follow in the treatment of urticaria without failure Pitta sodhan by nitya mrudu virechan. Pitta samak diet. Pitta samak ausadh. Ushna vihar (ushna jala snan, normal room temperature) are used in case of emergency apply sodabcarb with water on lesion.

References:-

1. Madhav nidan – Madhavkar chapter 50
2. Chakrapani- Chakradutta-chapter 52
3. Bhavprakash- Bhavmishra uttarardha-chapter 55
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परिषद् समाचार

राजकोट, गुजरात में चरक जयन्ती समारोह सम्पन्न

राजकोट में विश्व आयुर्वेद परिषद गुजरात प्रदेश के द्वारा चरक जयन्ती महोत्सव का समापन कार्यक्रम सम्पन्न हुआ। कार्यक्रम के संयोजक डॉक्टर गौरांग जोशी, कार्यक्रम आयोजन समिति के अध्यक्ष डॉ० देवेश जोशी, सचिव डॉक्टर अनूप इंदौरिया जी थे। आपके साथ पूरी राजकोट की टीम जिसमें डॉ० पुलकित बख्शी राजकोट जिले के महासचिव, डॉ० नीरज मेहता प्रदेश कार्यकारिणी सदस्य डॉक्टर समीर गादिया, डॉ० शीतल भागैया, आदि राजकोट के कार्यकर्ताओं ने अपना तन मन और धन देकर इस कार्यक्रम को सफल बनाया। जिसकी अध्यक्षता गुजरात प्रदेश राष्ट्रीय स्वयंसेवक संघ के माननीय प्रांत संघचालक श्री मुकेश जी मलकानी ने की। कार्यक्रम के मुख्य वक्ता के रूप में डॉ० रामतीर्थ शर्मा राष्ट्रीय सचिव विश्व आयुर्वेद परिषद थे। जिन्होंने विश्व आयुर्वेद परिषद संगठन का परिचय उद्देश्य एवं चरक जयन्ती की प्रस्तावना पर प्रकाश डाला। महर्षि चरक के जीवन एवं व्यक्तित्व पर उन्होंने वक्तव्य प्रस्तुत किया। कार्यक्रम में व्यासपीठ के प्रदेश अध्यक्ष डॉक्टर हितेश भाई जानी भी उपस्थित रहे। प्रथम सत्र में डॉ० रामतीर्थ शर्मा के द्वारा चरक संहिता के श्लोकों का संगीत परायण पठन पाठन एवं वाचन तथा व्याख्या की गई जो कि एक अद्भुत प्रयोग था। उनके साथ सहायकों में डॉ० कमलेश भट्ट, डॉ० गगन सिंह, डॉ० नीरज मेहता आदि ने साथ दिया। दूसरे सत्र में अहमदाबाद के प्रसिद्ध पंचकर्म विशेषज्ञ डॉ० शेखर शर्मा ने अपनी प्रस्तुति दी। जिसमें पंचकर्म की प्रासंगिकता को उन्होंने प्रस्तुत किया। वैद्य पद्मश्री बालेंदु प्रकाश जी अस्वस्थ होने के कारण से कार्यक्रम में उपस्थित ना हो पाए परंतु उनके द्वारा वीडियो कॉन्फ्रेंसिंग से सभी प्रतिनिधियों को और प्रतिभागियों को रक्त कैंसर, एलर्जिक रायनाइटिस, माइग्रेन एवं पेंक्रिएटाइटिस की चिकित्सा का विस्तार से वर्णन किया गया। उनकी प्रस्तुति को डॉ० अनूप इंदौरिया जी ने प्रस्तुत किया, इसके अतिरिक्त दिनांक 13 अगस्त से संचालित चरक जयन्ती सप्ताह के अंतर्गत विभिन्न प्रतियोगिताओं में गुजरात के समस्त आयुर्वेद महाविद्यालय के छात्र छात्राओं द्वारा भागीदारी की गई। जिसमें श्लोक पाठ प्रतियोगिता, कविता पाठ प्रतियोगिता, वाद विवाद प्रतियोगिता, भाषण प्रतियोगिता, निबंध प्रतियोगिता एवं प्रश्न मंच प्रतियोगिता आदि मुख्य विषय की प्रतियोगिताओं के विभिन्न विजेताओं को यहां अतिथियों के द्वारा पुरस्कृत किया गया। डॉ० नीरज मेहता ने कार्यक्रम का संचालन किया, जिसमें उन्होंने अटल बिहारी वाजपेई जी की रचित सुंदर शब्दों में कविता का प्रस्तुतीकरण किया। कार्यक्रम पुस्तक औषधि परिचय एवं रामतीर्थ शर्मा के द्वारा लिखित ग्रंथ अष्टांग हृदय एवं मौलिक सिद्धांत की गरिमा टीका का विमोचन किया गया। कार्यक्रम में पूरे प्रदेश के लगभग ढाई सौ से अधिक चिकित्सकों, शिक्षकों और विद्यार्थियों ने भाग लिया। विशेष रूप से भावनगर से डॉ० जयपाल सिंह गोहिल, डॉ० पवन शर्मा, शक्ति सिंह गोहिल, जूनागढ़ से डॉ० महेश चंद्र गुप्ता, डॉ० राजकुमार धाकड़, अहमदाबाद अखंडानंद से डॉ० अनिल अग्रवाल, गांधीनगर से डॉ० नरेश जैन, जामनगर से पधारी करिश्मा बेन, डॉक्टर अशोक बिश्नोई एवं उनकी पूरी टीम ने उपस्थित होकर कार्यक्रम को सफल बनाया।

राष्ट्रीय आयुर्वेद संस्थान, जयपुर में आयुर्वेद परिषद् के स्नातक इकाई द्वारा स्वर्ण प्राशन शिविर सम्पन्न

राष्ट्रीय आयुर्वेद संस्थान जयपुर के स्नातक -2014 बैच के विश्व आयुर्वेद परिषद् के छात्र एवं छात्राओं ने स्वर्ण प्राशन का एक दिवसीय शिविर के दो सफल आयोजन किये। प्रथम शिविर दिनांक 30/05/2017 को हिंगोनिया गांव में सम्पन्न हुआ। जिसमें लगभग 400 बच्चे लाभान्वित हुए। दूसरा शिविर दिनांक 14/07/2018 को जम्वा रामगढ़ गांव में सम्पन्न हुआ। जिसमें लगभग 1000 बच्चे लाभान्वित हुए। इन दोनों शिविरों का सफल आयोजन विश्व आयुर्वेद परिषद के आयुर्वेद स्नातक छात्र/छात्राओं ने किया। इस शिविर को सफल बनाने के लिए सभी आयुर्वेदाचार्यों ने अपना सम्पूर्ण सहयोग प्रदान किया। शिविर के आयोजन में डॉ० गोपाल चौधरी, डॉ० हर्षवर्धन सैनी, डॉ० दिशांत जैन, डॉ० दिनेश चौधरी, डॉ० मनोज कुमार यादव, डॉ० अशोक लखरान, डॉ० प्राची गुप्ता, डॉ० कविश गौतम, डॉ० दिव्या चौहान, डॉ० पुजा जैन आदि ने विशेष सहयोग दिया।

महर्षि चरक जयन्ती पर उत्तराखण्ड में परिषद् द्वारा आयोजित कार्यक्रम सम्पन्न

उत्तराखण्ड प्रान्त में विभिन्न स्थानों पर महर्षि चरक जयन्ती का आयोजन किया गया। दिनांक 18 अगस्त को आर्य इंटर कॉलेज, सुभाष नगर, देहरादून में छात्रों को आयुर्वेदीय स्वस्थवृत्त व 51 सामान्य औषधीय पौधों का कॉलेज परिसर में रोपण एवं उनके औषधीय गुणों के विषय में व्याख्यान परिषद के उपाध्यक्ष वैद्य विनीश गुप्ता द्वारा दिया गया। परिषद के अध्यक्ष डॉ० यतेंद्र सिंह मलिक ने छात्रों को विश्व आयुर्वेद परिषद का परिचय एवं क्रिया कलापों के विषय में जानकारी दी।



अनुमेहा जोशी ने छात्रों को आयुर्वेद में अपना भविष्य संवारने हेतु आव्हान किया। परिषद की ओर से समस्त छात्रों व स्टाफ को स्वास्थ्य व औषधीय पौधों पर एक परिपत्र एवं प्रसाद वितरित किया गया।

दिनांक 20 अगस्त को **हिमालयी आयुर्वेदिक कॉलेज, ऋषिकेश** में महर्षि चरक परिचय एवं चरक संहिता की विशिष्टता विषय पर छात्रों के बीच प्रतियोगिता व स्वास्थ्य प्रश्नोत्तरी आयोजित की गई, जिसमें प्रथम, द्वितीय व तृतीय स्थान प्राप्त छात्रों को पुरस्कार स्वरूप चरक संहिता की प्रतियां प्रदान की गईं। इसके उपरान्त कॉलेज परिसर में 101 वृक्षारोपण संस्था के प्राचार्य, स्टाफ व छात्रों के सहयोग से किया गया। पौधों की पूरी व्यवस्था रुद्राक्ष चिकित्सालय के संचालक व परिषद के उपाध्यक्ष वैद्य विनीश गुप्ता एवं परिषद की कोषाध्यक्ष वैद्य अनुमेहा जोशी की ओर से की गई तथा प्रसाद वितरण संस्था की ओर से किया गया। संस्था के प्राचार्य प्रो० अनिल झा मुख्य अतिथि एवं परिषद के प्रांत अध्यक्ष डॉ० यतेन्द्र सिंह मलिक ने कार्यक्रम की अध्यक्षता की। संस्था के समस्त स्टाफ का विशेष सहयोग रहा। इस अवसर पर परिषद के पदाधिकारी व अनेक सदस्य उपस्थित रहे।

रुड़की इकाई द्वारा महर्षि चरक जयंती परिषद के सचिव व रुड़की नगर के संयोजक वैद्य टैक वल्लभ जी के निवास पर दिनांक 26 अगस्त को मनाई गई। महर्षि चरक जयन्ती के अवसर पर आयुर्वेद और स्वास्थ्य के विषय को लेकर चर्चा हुई। जिसमें डॉ० दिनेन्द्र सिंह की अध्यक्षता में हुई। मुख्य अतिथि सुरेश चंद्र जैन, विशेष आमंत्रित अतिथि श्री अश्विनी कौशिक जी रहे। संगोष्ठी का संचालन परिषद की प्रान्त कार्यकारिणी सदस्य डा आशुतोष जी ने किया। डॉ० गोपाल कृष्ण, डॉ० विनोद गुप्ता, डॉ० शशि मोहन गुप्ता, डॉ० इन्द्रेश पुष्करणा, ने अपने अपने विचार रखे। वैद्य टैकवल्लभ ने परिषद के बारे में जानकारी दी।

दिनांक 29.08.2018, दिन बुधवार को **उत्तराखंड आयुर्वेद विश्वविद्यालय, गुरुकुल परिसर, हरिद्वार** में विश्व आयुर्वेद परिषद, हरिद्वार, उत्तराखंड द्वारा महर्षि चरक जयंती समारोह का आयोजन किया गया, जिसका शुभारंभ अतिथियों द्वारा दीप प्रज्वलन व गुरुकुल परिसर की छात्राओं द्वारा धन्वन्तरि वंदना से हुआ। डॉ० विपिन अरोड़ा जी ने महर्षि चरक के व्यक्तित्व एवं कृतित्व पर एक व्याख्यान प्रस्तुत किया। इस अवसर पर एक वाद विवाद प्रतियोगिता, "वर्तमान परिप्रेक्ष्य में विशुद्ध आयुर्वेद चिकित्सा उचित है या आयुर्वेद व एलोपैथी की समन्वित चिकित्सा उचित है" का आयोजन किया गया। जिसमें प्रथम स्थान डॉ० रश्मि जोशी (गुरुकुल), द्वितीय स्थान डॉ० सुजाता चौधरी, तथा तृतीय स्थान अनोक्षा गुसाईं (ऋषिकुल) ने प्राप्त किया। पुरस्कार स्वरूप क्रमशः रु 1500, 1000 व 700 तथा स्मृति चिन्ह व प्रमाण पत्र क्रमशः प्रथम, द्वितीय व तृतीय को, पक्ष व विपक्ष श्रेणी के भी प्रथम द्वितीय व तृतीय स्थान के प्रतिभागी को प्रथम, द्वितीय व तृतीय स्थान का स्मृति चिन्ह क्रमशः डॉ० सुजाता, अनोक्षा (ऋषिकुल), वर्णिगा, डॉ० रश्मि, शालिनी (पतंजलि कॉलेज) व दीपिका को तथा अन्य सभी प्रतिभागियों को स्मृति चिन्ह व प्रमाण पत्र परिसर निदेशक द्वय प्रो० सुनील कुमार जोशी व प्रो० राधाबल्लभ सती, परिषद के केंद्रीय मंत्री डॉ० प्रेमचन्द्र शास्त्री, प्रान्त महामंत्री प्रो० उत्तम कुमार शर्मा व हरिद्वार अध्यक्ष प्रो० ओ.पी. सिंह, व गुरुकुल परिसर के चिकित्साधीक्षक प्रो० गिरिराज गर्ग द्वारा प्रदान किया गया, पुरस्कार वितरण का मंच संचालन डॉ० बालकृष्ण पंवार ने किया। उत्तराखंड के विभिन्न कॉलेजों के कुल 22 छात्र-छात्राओं ने इस वाद-विवाद प्रतियोगिता में प्रतिभाग किया। निर्णायक की भूमिका में डॉ० आशीष मिश्रा (प्रतिष्ठित चिकित्सक व परिषद के प्रदेश चिकित्सक प्रकोष्ठ प्रभारी), डॉ० प्रकाश पंत (सहायक आचार्य, उत्तराखंड संस्कृत विश्वविद्यालय, हरिद्वार) व डॉ० राकेश भूटानी (सहायक आचार्य, जंतु विज्ञान व पर्यावरण विभाग, गुरुकुल कांगड़ी विश्वविद्यालय) द्वारा किया गया।

वैद्य उद्धवदास मेहता अ० भा० आ० पी. जी. निबंध प्रतियोगिता का पुरस्कार वितरण समारोह भोपाल में सम्पन्न

भाई उद्धवदास मेहता स्मृति न्यास (ट्रस्ट) भोपाल एवं विश्व आयुर्वेद परिषद के संयुक्त तत्वाधान में आयोजित वैद्य उद्धवदास मेहता अखिल भारतीय आयुर्वेद पी. जी. निबंध प्रतियोगिता का पुरस्कार समारोह दिनांक 12 अगस्त को मानसरोवर आयुर्वेद मेडिकल कॉलेज, कोलार, भोपाल में हुआ। कार्यक्रम के संयोजक वैद्य सौरभ मेहता ने बताया कि प्रतियोगिता में प्रथम स्थान डॉ. प्रिया गुप्ता जामनगर स्वर्ण पदक व 11000 रुपये नकद पुरस्कार, द्वितीय स्थान डॉ. दीप्ती. वी. तिरुपति रजत पदक व 7000 रुपये नकद पुरस्कार, एवं तृतीय स्थान डॉ. आरोही परमार वडोदरा कांस्य पदक व 5000 रुपये नकद पुरस्कार इन विजेताओं को दिया जाएगा। निबंध प्रतियोगिता का आयोजन सचिव डॉ० बबिता शर्मा एवं आयोजन अध्यक्ष डॉ० अजित पाल चौहान, वैद्य सौरभ मेहता, कार्यक्रम संयोजक, आदि उपस्थित रहें।



परिषद् की वाराणसी इकाई द्वारा अभ्यास वर्ग कौशलम् का आयोजन सम्पन्न

दिनांक 18 अगस्त 2018 को सरस्वती शिशु मन्दिर महेश नगर कालोनी, सामने घाट, वाराणसी में विश्व आयुर्वेद परिषद् वाराणसी नगर एवं काशी हिन्दू विश्वविद्यालय शिक्षक इकाई एवं छात्र इकाई काशी हिन्दू विश्वविद्यालय, वाराणसी द्वारा एक दिवसीय अभ्यास वर्ग कौशलम् का आयोजन किया गया। जिसमें सह प्रान्त प्रचारक माननीय मनोज जी का उद्बोधन प्राप्त हुआ। अभ्यास वर्ग में विश्व आयुर्वेद परिषद् के राष्ट्रीय सम्पर्क प्रमुख डॉ० कमलेश कुमार द्विवेदी, संकाय प्रमुख आयुर्वेद संकाय काशी हिन्दू विश्वविद्यालय, प्रो० यामिनी भूषण त्रिपाठी, डॉ० अरुण कुमार द्विवेदी, उत्तर प्रदेश इकाई महामंत्री, डॉ० विजय राय, वैज्ञानिक दायित्व, डॉ० मनीष मिश्र, डॉ० आशुतोष पाठक, डॉ० पी०एस० व्याडगी, डॉ० अनुराग पाण्डेय सहित वाराणसी क्षेत्र के 150 से अधिक कार्यकर्ता/सदस्यों की उपस्थिति रही। अभ्यास वर्ग में 125 छात्र/छात्राओं की उपस्थिति भी रही। अभ्यास के समापन पर माननीय मनोज जी द्वारा महर्षि चरक वनाचल आयुर्वेद स्वास्थ्य सेवा यात्रा दिनांक 1-5 जुलाई 2018 में प्रतिभागी छात्र-छात्राओं को प्रमाण-पत्र प्रदान किया गया। तत् पश्चात् सह भोज का भी आयोजन हुआ।

चित्रकूट में महर्षि चरक जयंती समारोह एवं संगोष्ठी सम्पन्न

प्रत्येक वर्ष की भांति इस वर्ष भी विश्व आयुर्वेद परिषद्-कानपुर प्रान्त द्वारा दिनांक 21. 08. 2018 को वैद्य विभुकांत संयोजक-विश्व आयुर्वेद परिषद्-कानपुर प्रान्त के संयोजन में कवी जनपद चित्रकूट में महर्षि चरक जयंती समारोह एवं संगोष्ठी का आयोजन किया गया। इस समारोह में मुख्य अतिथि मा. भैरो प्रसाद जी मिश्र, सांसद, बाँदा-चित्रकूट, तथा विशिष्ट अतिथियों के रूप में मा. चन्द्रिका प्रसाद उपाध्याय जी, विधायक, चित्रकूट सदर, मा. आर. के. सिंह पटेल जी, विधायक, मानिकपुर, मा. अभय जी महाजन (भैया जी) संघटन सचिव-दीनदयाल शोध संस्थान, प्रो. योगेश चंद्र दुबे जी, कुलपति-जे. आर. एच. यू. चित्रकूट, प्रो. चन्द्र कुमार राजपूत जी, प्राचार्य-राजकीय आयुर्वेद महाविद्यालय एवं चिकित्सालय, अर्त्तरा बाँदा, प्रो. बी. एम. गुप्त जी, राष्ट्रीय अध्यक्ष-विश्व आयुर्वेद परिषद् की गरिमामयी उपस्थिति के साथ आगंतुक अतिथि-श्री अखंड प्रताप सिंह जी, विभाग प्रचारक-राष्ट्रीय स्वयंसेवक संघ, वैद्य के. के. द्विवेदी जी, राष्ट्रीय संपर्क प्रमुख-विश्व आयुर्वेद परिषद्, वैद्य विजय राय जी, प्रदेश सचिव-विश्व आयुर्वेद परिषद्, उ. प्र. वैद्य मनीष मिश्र जी, वैज्ञानिक सचिव-विश्व आयुर्वेद परिषद् उ. प्र., वैद्य रंजन विशद जी, प्रकाशन प्रमुख-विश्व आयुर्वेद परिषद् आदि की प्रशंसनीय उपस्थिति रही। इस समारोह एवं संगोष्ठी में वैद्य हरिश्चंद्र कुशवाहा जी के द्वारा महर्षि चरक पर व्याख्यान दिया गया साथ ही वैद्य अश्विनी कुमार गुप्त जी एवं वैद्य पवन कुमार विश्वकर्मा जी ने बालरोग, मौसमी व्याधियों पर अपने विचार प्रस्तुत किये। समारोह में राजकीय आयुर्वेदिक कॉलेज, अर्त्तरा -बाँदा के लगभग 30 विद्यार्थियों को मेधा सम्मान से सम्मानित किया गया। आयुर्वेद महाविद्यालय के छात्रों द्वारा प्रस्तुत की गयी आयुर्वेद अवतरण की लघु नाटिका एवं शिव तांडव नृत्य भी मनमोहक रहा स कार्यक्रम अध्यक्ष-प्रो. बी. एम. गुप्त जी, राष्ट्रीय अध्यक्ष - विश्व आयुर्वेद परिषद् तथा कार्यक्रम का संचालन-वैद्य चुन्नी लाल उपाध्याय जी, प्रदेश अध्यक्ष-चिकित्सा प्रकोष्ठ, विश्व आयुर्वेद परिषद्, उ.प्र. द्वारा किया गया।

परिषद् की बरेली शाखा द्वारा आयोजित चरक जयन्ती एवं संगोष्ठी सम्पन्न

आज दिनांक 19 अगस्त 2018 को विश्व आयुर्वेद परिषद् शाखा बरेली द्वारा चरक जयन्ती के शुभ अवसर पर, होटल पार्क ग्राण्ड, पीलीभीत, बाईपास रोड, बरेली पर एक संगोष्ठी "आयुर्वेद और पंचकर्म" विषय पर आयोजित की गयी। इस अवसर पर मुख्य अतिथि के रूप में बरेली के महापौर माननीय श्री उमेश गौतम, विशिष्ट अतिथि के रूप में बी०डी०ए०, बरेली के वी०सी० श्री एस के पाण्डेय जी एवं प्राचार्य आयुर्वेदिक कालेज बरेली के प्रो० डी० के० मौर्य जी रहे।

सर्व प्रथम माननीय अतिथि द्वारा महर्षि चरक के चित्र पर पुष्पार्पण एवं उनके समक्ष दीप प्रज्ज्वलन कर कार्यक्रम का शुभारम्भ किया गया। इस अवसर पर श्री एस के पाण्डेय जी ने अपने आयुर्वेद ज्ञान से सबका परिचित कराया साथ ही आयुर्वेद के द्वारा स्वयं की चिकित्सा के बारे में बतलाया। एस. आर. एम. आयुर्वेदिक कालेज बरेली के प्राचार्य प्रो० मौर्य ने आचार्य चरक के विषय में बताते हुए आयुर्वेद की आज की स्थिति के बारे में बताया। मुख्य अतिथि माननीय डॉ० उमेश गौतम ने विश्व आयुर्वेद परिषद् बरेली द्वारा आयुर्वेदिक प्रचार-प्रसार हेतु किये जा रहे प्रयासों की सराहना की एवं कहा कि ऐसे कार्यक्रम निरन्तर आयोजित किए जाए। वक्ताओं के रूप में उपस्थित डॉ० के० के० शर्मा, हरिद्वार व डॉ० पंकज कटारा, दिल्ली ने पंचकर्म विषय पर अपने अनुभव व चिकित्सा परामर्श अनुभव साझा किये। इस अवसर पर विशेष रूप से सन्धि, शूल, आमवत, कटिशूल, गृध्रसी व अन्य अनेक असाध्य रोगों के चिकित्सा के विषय पर उपस्थित विद्वज्जनों ने चर्चा की। उपस्थित महानुभावों ने भी अपनी समस्त समस्याओं एवं चिकित्सा हेतु बहुत से गूढ़ रहस्यों के विषय में वक्ताओं से विचार विमर्श किया।



KARMABHYASAM

Practical demonstration of Classical Ayurvedic techniques & therapies like Agnikarma, Raktamokshana, Panchakarma, Ksharakarma, Kriyakalpa, Nadi Pareeksha & other parasurgical procedures.



NOOTANAM

Innovative ideas in the form of working models are expected from the participants on the following topics-

- Technologies
- Diagnostic methodologies
- Therapeutic modalities
- Others



GATIVIDHI

Active participations of the candidates are invited on the following competitive events-

- Quiz ■ Slogan writing ■ Sloka recitation
- Yoga Competition ■ Debate
- Poster making competition ■ Extempore
- Essay writing ■ PPT making ■ Poetry



ABHIMANCHAM

The competitive events for participants-

- SOLO DANCE
- GROUP DANCE
- SOLO SINGING
- DUET SINGING
- GROUP SINGING
- SKIT
- MIME
- INSTRUMENTAL

The details of the Competitive events are available at samyojanam.blogspot.com

AROGYA EXPO

AROGYA EXPO will be a part of Samyojanam 2018.

THE AIM OF AROGYA EXPO :

- Promotion and propagation of AYUSH SYSTEM

WHO CAN PARTICIPATE?

- AYUSH Industry Manufacturers.
- Ayurvedic Practitioners.
- Traders.
- Hospitals.
- Clinics&Consultancy Firms
- Research Outsourcing Centres.
- National & International Universities.
- Govt./Private National & International Educational Institutions.
- Laboratories.
- Resorts and Spas.
- Trade Houses.
- Cosmetics & Neutraceuticals~ Manufacturers / Traders.
- NGOs.
- Equipments / Manufacturers / Traders.
- R & D Institutions.
- Book Publishers.
- Medical Plant Nursery / Cultivator Herbarium.
- Certifying Agency
- State & Central Government Departments, Councils and the general public.

Note-The details of registration is attached as Exhibitors registration form.



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for participants

REGISTRATION FORM

International Ayurveda Youth Conclave (IAYC)
organised by
Vishwa Ayurved Parishad
In collaboration with
Faculty of Ayurveda
IMS, BHU, Varanasi

संयोजनम् 2018
Samyojanam
Connecting Youth through Ayurveda
16th - 18th November 2018

Name (Capital Letter)..... Sex : M F
Class in which studying.....
College Address.....
.....
Permanent Residential Address.....
.....
Mobile No.....
Email ID.....
Specify Participating Event (please send your theme within 150 words)
.....
.....

Registration fee details

Type of Participants	Registration Fees (Rs.) before 30.10.2018	Registration Fees (Rs.) before 10.11.2018
Delegates	2500/-	3000/-
Life Members of VAP, NASYA, JIGNASA, AVP & Arogya Bharti	2000/-	2500/-
UG students	1500/-	2000/-
UG students (Life Members of VAP, NASYA, JIGNASA, AVP & Arogya Bharti)	1000/-	1500/-

(It includes three breakfasts, three lunches, and two dinners along with registration kit)

Payment should be made by Online NEFT/RTGS/Cash/DD drawn in favour of **Vishwa Ayurved Parishad-Samyojanam-2018** payable at Varanasi.
Bank account details
Name of the Bank : **Bank of India** Branch : **Samne Ghat, Opposite Trauma Centre, BHU, Varanasi**
Type of Account : **Current** Account Number : **692620110000397** IFSC Code : **BKID0006926**

Please send scan copy of registration form along with payment receipt via email before last date of registration
Details of the email id- vapiayc@gmail.com

Important dates
Without late fees up to 30th October with late fees upto 10 November
Strictly there will be no spot registration
No accommodation and travel facility will be provided by the organisers but on prior information the accommodation committee will help to arrange the same.



for exhibitors



**International Ayurveda
Youth Conclave (IAYC)**
organised by
Vishwa Ayurved Parishad
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संयोजनम् 2018
Samyojanam
Connecting Youth through Ayurveda
16th - 18th November 2018

Name (Capital Letter)..... Sex : M F
Company Name
Designation.....
Address
Mobile No
Email ID
Specify Nature of Your Business/Services

EXHIBITORS CHARGES

DATE & DURATION :16-18th NOVEMBER, 2018

- Standard Stall** space - 3x3 m = 9 sqm – @ Rs.9000/- per sqm.
- Sponsor pavilions** - Only for sponsors
(For details contact : vapiayc@gmail.com 9161499774, 9450711759)

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Details of the email id- vapiayc@gmail.com

LAST DATE FOR BOOKING OF STALLS: 30th October, 2018

SPOT BOOKINGS: No spot bookings will be entertained

BULK BOOKINGS: Bulk booking of stalls will be entitled for discounts

HANDLING & CLEARANCE OF GOODS:

All clearing and handling of the exhibits shall be the responsibility of the exhibitors.

GENERAL CODE OF CONDUCT:

Exhibitors are not allowed to litter the surroundings

EXHIBITORS PASS & GATE PASS:

Exhibitor's passes shall be distributed to authorised persons at respective booths.

Exhibitors are NOT allowed to vacate their stalls without a valid gate pass.

GENERAL GUIDELINES:

The Exhibitors are liable for payment of compensation for any bodily harm to person, staff, agent, organisers and other exhibitors and / or damage caused to the property of the organisers and /or other exhibitors, caused by himself or his agents during transportation, installation, expo duration and dismantling period